



Call for RPSGB to justify premise fee hike

Scotland looks to identify service gaps

- John Davies: the inside track on wholesaling
- Home delivery – the Tesco way



FROM
HEAD LOUSE
TO
DEAD LOUSE

www.headlice.co.uk/hcp

IN JUST
10
MINUTES





choice

You have a choice.
So why not choose the best?

Buying generics isn't easy, but it should be.

Price is vital, of course, but so is the assurance that there's customer support if you need it. A wide range from one place saves time, and a livery that's modern and designed to reduce dispensing errors in a busy pharmacy or dispensary.

Teva UK Limited offers all those things, and more.

For example our Ultimate scheme gives you discounts paid back to your business each month, not quarterly; and on many lines our 'Pricewatch' offer tracks market prices so you can be sure you won't be out on a limb by the end of the month.

We know you have a choice. But we think the obvious choice is Teva.



TEVA UK LIMITED

Making generics easier



News

Contractors challenge Society to justify fee hike

An RPSGB plan to increase premises fees by 56 per cent needs justification, contractor representatives have said

Scotland seeks gaps in services

Scottish NHS boards are to assess local pharmacy services to identify gaps in provision

MUR dip 'a blip', says PSNC

Despite the lowest MUR figures since December last year, PSNC is confident this is just a temporary stall

Opinion

Coalition agenda offers Welsh solutions

With the new Welsh Assembly now in place, Cath Savage looks forward to new ministers, new powers and new policies

Clinical

Is it skin cancer?

Dr Nigel Stollery guides you pictorially through this topic

Fight will go on over Alzheimer's drugs

Alzheimer's campaigners pledge to go on fighting to make treatments available to mild disease sufferers

Products & Marketing

Nutramigen has extra calcium

Designed for older infants, Nutramigen 2 is said to be ideal for older infants with cows' milk allergy

Features

Bring it on home to me

In our third look at the success of retail giant Tesco, Tracy West asks if home delivery is the way forward in pharmacy

Hawkeye

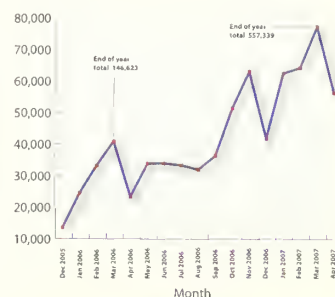
How to surf and learn at the same time

Classified & recruitment

Star job

Qualified technician required in King's Norton, Birmingham

6



14



27



27

34

30

Cover: This week's Pharmacy Champion, Mark Collins. Picture: UNP



Contractors challenge Society to justify premise fee hike proposal

Representatives call for more detail on the proposal to raise premises retention fees by more than half



Jennifer Richardson

A Royal Pharmaceutical Society proposal to increase the premises retention fee by 56 per cent requires detailed justification, contractor representatives have said.

The RPSGB has asked the Department of Health to approve a

rise from £156 to £243 for 2008. Premises fees must be set each year by the DH, following a Society proposal and subsequent consultation with stakeholders.

Company Chemists' Association chief executive Rob Darracott said: "We await the consultation document and let's hope it provides

us with some more detail about what's behind these numbers."

Community Pharmacy Scotland's head of policy and development, Elspeth Weir, also said detailed information would be required to justify the rise. "We'd obviously be looking at the business case," she said. "I think contractors would

have difficulty accepting that kind of increase."

RPSGB financial controller Graham Duncan defended the proposal. "Each year, the Society has endeavoured to recover full costs within the premise fee," he said.

"However, the proposal has not been accepted by the DH or the pharmacy bodies through the consultation. The fee has been increased by around inflation. This has meant members and publications have supported the shortfall in premises fees for many years."

Last year, the Society's proposed 9 per cent increase was reduced to 4 per cent in line with wage inflation.

Pharmaceutical Services Negotiating Committee regulation head Steve Lutener said PSNC would request that increases in the regulatory burden be reflected in central funding.

"If there are increases in premises fees then we will, under the funding formula, be pressing the DH to recognise this in the future," he said.

RPSGB to accept online petition as part of fee consultation

The Royal Pharmaceutical Society has made an abrupt U-turn over the petition against its proposed 50 per cent increase in retention fees.

The RPSGB had previously confirmed that the online petition, which has now gathered more than 10,000 signatures, would not be accepted as part of the consultation on increasing membership fees (C+D, August 11, p6).

But Society secretary and registrar Ann Lewis has since asked creator Mark Cheeseman, a locum pharmacist, to submit his petition to the consultation.

"This will ensure that the petition is analysed as part of the consultation process and that the analysis will reflect the complete picture," Ms Lewis said.

Mr Cheeseman said: "I am pleased that the RPSGB will now accept the petition as part of the consultation process. I hope that the number of signatures and the views expressed



Ann Lewis: petition will be analysed as part of the consultation process

are taken into account by the independent review panel."

The Society said it did not anticipate a further significant increase in the total membership cost following the separation into professional and regulatory bodies.

"After the split, two fees will be payable," a spokesperson said. "We do not anticipate huge growth in the total fee."

• The Society has announced the appointment of the chairman of an

independent inquiry into the future professional body for pharmacy.

Nigel Clarke, chairman of the General Osteopathic Council and chief executive of medical research business Vidapulse, will report back to the Society in May.

He said: "I am honoured to be asked by the Society to undertake this task. It is one that will need the full participation of the whole profession in all its various forms." JR

Wholesaling 'vibrant'

The UK wholesale market remains strong despite recent changes to the medicines distribution model, a leading pharmaceutical wholesaler has said.

An AAH spokesperson has said that the marketplace remained "vibrant and offered lots of opportunities for new ways of working through the introduction of new distribution models", despite several pharmaceutical companies having streamlined their distribution through specific wholesalers.

The comments came as AAH's parent company, Celesio, reported a negative impact of the distribution changes on its profit growth in the first half of the year.

But, with the NHS drugs bill under scrutiny, the demand for generics could increase, the AAH spokesperson said.

"The sector remains strong and prospects for growth are good," the spokesperson added. EW

Scotland seeks gaps in services

Jennifer Richardson

Scottish NHS boards are to assess local pharmacy services to identify gaps in service provision.

Under the Smoking, Health and Social Care (Scotland) Act 2005, boards will be required to produce a pharmaceutical care services (PCS) plan, defining the current and future needs of the local area.

The community pharmacy provisions of the Act will not be introduced until the conclusion of the ongoing debate surrounding professional regulation.

But the boards have been commissioned to produce draft PCS plans by November. This is part of a pilot being used to develop a PCS planning tool for use when the plans are formally required.

The Scottish Executive's principal pharmaceutical officer, Alison Strath,



Alison Strath: "Pharmacists are very good at responding to their own local communities"

said: "What the plans will do is identify gaps [in service provision]. I wouldn't imagine there are going to be huge changes because pharmacists are very good at responding to their own local communities."

The executive has suggested a contractor be included on boards'

PCS planning committees.

PCS will continue to be separated into essential services provided by all pharmacy contractors – currently the minor ailments, acute medicines, public health and chronic medication services – and additional services such as palliative care and methadone supervision.

Such additional services will still be negotiated locally, but the executive will provide indicative specifications and tariffs.

Ms Strath said: "This is really as a guide to ensure standardisation and access to a minimum service level."

Community Pharmacy Scotland's chief executive, Harry McQuillan, said the plans were in the best interests of patients and pharmacists. But he would like to see smoking cessation and sexual health services promoted to essential services, he added.

Admin change for FP10PCDs

Pharmacy contractors in England

will be required to submit original private FP10PCD prescriptions for Schedule 2 and 3 CDs to the NHSBSA Prescription Pricing Division from September 1.

The prescriptions will have to be sent each month using a special submission document, FP34PCD. Equivalent original forms from Wales or Scotland should also be submitted.

Current practice requires pharmacies to retain private FP10PCD prescriptions and to send photocopies to the NHSBSA for monitoring and analysis.

The new requirements follow changes to the Medicines for Human Use (Administration and Sale or Supply) (Miscellaneous Amendments) Order 2007 and the Medicines (Sale or Supply) (Miscellaneous Provisions

Amendment Regulations) 2007.

A PSNC spokesman welcomed the new arrangement, but said the need to send forms separately from NHS prescriptions using a submission document accessed online added an unnecessary administrative burden.

Further information and the FP34PCD submission document can be downloaded from the PSNC website: tinyurl.com/3x5uks. **GMA**

Smoke-free guidance published

Guidelines on how pharmacists

should use the techniques of brief advice and brief intervention to help patients give up smoking have been published jointly by the DH and PharmacyHealthLink.

"The guidelines are intended to encourage as many pharmacists as possible to become fully involved in smoking cessation, and to set some standards," said PharmacyHealthLink chief executive Miriam Armstrong.

About 70 per cent of pharmacists were believed to be actively engaged in offering and promoting smoking cessation, she told C+D, while 30 per cent were not.

Standards were important because going to a pharmacist for help in giving up smoking should be seen as equivalent to the services offered by other parts of the NHS, not a step down.

"It's giving pharmacy a chance to show that it's providing the same level of quality and care as other areas of the NHS," she said.

Towards a Smokefree England – Brief Interventions for Stopping Smoking by Pharmacists and their Staff explains the differences between brief advice and brief interventions, and how to use each in a pharmacy stop smoking service.

It also provides a summary of recommendations and further sources of information. tinyurl.com/2g4mcu **GMA**



The document is designed to get pharmacists fully involved in smoking cessation

New patches from Wockhardt

Wockhardt has launched a new range of generic transdermal nicotine patches. Nicopatch is designed to deliver nicotine over 24 hours, and is available in 7mg, 14mg and 21mg strengths. The company has also said it expects to launch a new NRT lozenge 'soon'.

News in brief

Boots to tackle booze

Boots pharmacies are launching a drive to tackle alcohol dependence. A booklet written in conjunction with the Royal College of Nursing, the Royal College of GPs and Mimosa Recovery is being used by staff to help identify and support some of the one in 13 adults in the UK who suffer alcohol problems.

IT first for Numark

Numark has installed its 250th computer with Assist IT package developed with Rx Systems. Between 75 and 80 per cent of Numark Assist customers have been upgraded to EPS due to a fast-track install, which minimises disruption for the pharmacy.

Boots' China bid is OK

Alliance Boots has been given the go-ahead from the Ministry of Commerce of the People's Republic of China for its acquisition of a 50 per cent stake in Guangzhou Pharmaceuticals Corporation, the third largest pharmaceutical wholesaler in the country. The transaction is expected to close before the end of the calendar year.

MHRA canvasses views

The MHRA has launched a consultation on the challenges and priorities it needs to focus on over the next five years. The agency is canvassing views from key stakeholders on monitoring of safety, communication, public involvement, supporting research and innovation, co-operation with European regulators and flexibility. www.mhra.gov.uk

All change at UniChem

David Coles has been promoted to the newly created position of director of business development for Alliance Healthcare, the wholesale and commercial affairs division of Alliance Boots. Terry Scicluna, currently chief operating officer at Alliance Pharmacy, will replace Mr Coles as managing director of UniChem.

EHC figures static

Figures obtained by Sandra Gidley MP show little change in prescriptions for emergency hormonal contraception. In 2006 £2.2 million was spent on prescriptions (excluding contraception clinics or those issued under PGDs), similar to previous years.

News in brief

TNF drugs in arthritis

A comparison of tumour necrosis factor and methotrexate monotherapy in psoriatic arthritis has shown improved clinical results in patients treated with the TNF inhibitors. Significant differences in a range of disease markers were found, as well as the patients' own assessments of pain, fatigue and global disease. *Ann Rheum Dis* 2007; 66(8): 1038-42.

Vitamins and CVD risk

A large study of antioxidant vitamins in women at high risk of cardiovascular disease has found no conclusive evidence of benefit. Researchers concluded that the Women's Antioxidant Cardiovascular Study (WACS) showed there was no justification for widespread use of the individual agents. *Arch Intern Med* 2007; 167: 1610-8.

Vaccine may reverse MS

Neurologists in North America have reported positive results after giving a DNA vaccine to 30 multiple sclerosis patients. The DNA material, which coded for full-length human myelin protein, was associated with immune tolerance and a reduction in inflammatory brain lesions. *Arch Neurol* 2007; 64(10).

PHS waste seminars

PHS Wastemanagement has announced Leeds will host the company's regional healthcare waste seminar on September 25.

The seminar at the Thackray Museum will involve training on the implications of recent waste management legislation and guidance for healthcare providers, including pharmacists.

For more information visit www.phs.co.uk/wastemanagement or call 01204 704633 or email gemmao'connor@phs.co.uk

BPC reaching out

The British Pharmaceutical Conference 2007 will include a series of initiatives to attract more visitors.

The RPSGB will host a free branch members evening and offer student tickets for £5 with the aim of attracting a wider audience to the event to be held in Manchester from September 10 to 12.

MUR dip 'a blip', says PSNC

» Year-on-year growth shows doubling of MUR numbers

Jennifer Richardson

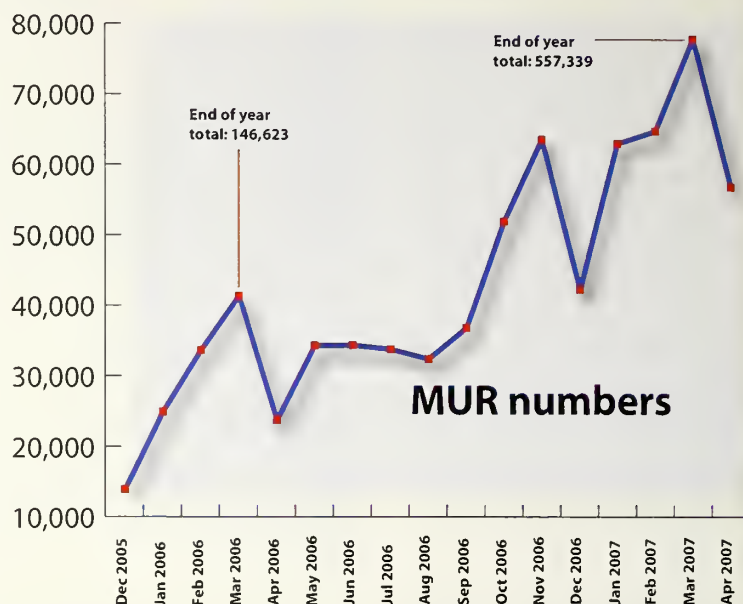
The latest monthly medicines use review figures are the lowest since December last year, but the Pharmaceutical Services Negotiating Committee expressed confidence this was a temporary stall in MURs' otherwise continuing increase.

Fewer than 57,000 MURs were conducted in England in April, down from an all-time high of over 77,000 in March. But Alastair Buxton, PSNC head of NHS services, said this was a "blip" related to the financial year.

"It reflects that in the last couple of months in any year we're going to see a scramble to get as many as possible done by the end of the financial year," he said. "Then you get to the first month of the next year and everyone relaxes."

There was a similar pattern to last year's figures, with more than 41,000 MURs carried out in March 2006 compared to less than 24,000 that April.

In terms of year-on-year growth the number of MURs conducted per month had more than doubled,



Mr Buxton pointed out.

He hoped the new MUR form, due to be introduced shortly, would act as a new impetus for pharmacists to increase MUR output.

"We want to use it almost to re-

launch the service and remind pharmacists what it's all about," Mr Buxton said, adding that an MUR was not a clinical review. "Get on and do more, but keep it simple," he advised pharmacists.

NPA plans vitamin drive

The NPA has argued its case for community pharmacies as a means of distributing Healthy Start vitamin supplements.

The organisation made its case to Nice's current public health programme on improving the nutrition of pregnant and breastfeeding mothers.

Pharmacies are ideally placed to distribute vitamins, the NPA said, because of their regular contact with young women before conception and also when they have young children.

Pharmacies were already providing public health advice about nutrition and supplying vitamins, baby care and nutrition products, and patients frequently consulted community pharmacies about the use of OTC medicines when a woman is trying to conceive.

Pharmacies were also able to offer advice to women who are overweight or obese before they conceive, the NPA maintained. **GMA**



Deborah Jones (centre), has been named Tesco pre-registration trainee of the year for her "outstanding" contribution. Out of this year's 25 trainees, Deborah, from the Talbot Green Tesco store, demonstrated the most commitment and hard work and was presented with the award at a ceremony in Coventry

Probiotic variations

Commercially available probiotic preparations used to treat acute diarrhoea in infants vary in their effectiveness, a comparison published in the BMJ has concluded.

The study of 571 children found that the duration of diarrhoea and watery stools was significantly shorter in patients who received either *Lactobacillus rhamnosus* strain

GG or a mix of four bacterial strains compared with those who received oral rehydration only. However, other probiotic preparations included in the trial made no difference to patient outcomes.

The authors concluded that probiotic preparations should be chosen on the basis of effectiveness data. **GMA**



GlaxoSmithKline
Consumer Healthcare

PHARMACY

there's no place like home

Solpadeine, the no.1 pharmacy pain relief brand¹, is committed to you.



Ask your Pharmacist first

Solpadeine[®] *Dedicated to pharmacy*

Reference: 1. AC Nielsen NITRO. Total Coverage GB value sales MAT. to w/e 19.05.07

News in brief

Sun exposure survey

Lloydspharmacy's study of the British public's exposure to the sun claims an adult sitting in the garden half-dressed for seven hours would absorb enough energy to power a hairdryer for two hours.

So the pharmacy chain is giving away SolarSafe wristbands with each purchase of sunscreen which change colour when more needs applying. Go to <http://tinyurl.com/2mwo42> to sign a petition demanding VAT is lowered to 5 per cent on sun care products for kids.

NPC reviews glitazones

An MeReC bulletin review of the CV risks of treatment with glitazones has concluded that the available metastudies have raised important questions about the safety of the treatments. It added that metformin remains the drug of first choice in patients where blood glucose cannot be controlled by diet alone, particularly in patients who are overweight. MeReC Extra Issue No 29.

SMC's latest decisions

The SMC has accepted rotigotine (Neupro) for restricted use in combination with levodopa in patients with advanced idiopathic Parkinson's disease.

But it rejected pregabalin (Lyrica) for treating central neuropathic pain, saying that the manufacturer had not presented a sufficiently robust economic analysis.

The SMC also accepted clopidogrel for restricted use in patients with acute MI and the InnoLet device for injecting insulin detemir in patients with poor sight or dexterity problems.

It also announced it would not recommend liposomal, cytarabine (DepoCyt) for the treatment of lymphomatous meningitis or bortezomib (Velcade) as monotherapy for treating progressive multiple myeloma. www.scottishmedicines.org.uk

Oxygen audits in Wales

The Welsh Assembly Government has issued a circular on the financial and performance management of the new contract for the home oxygen service.

The circular has notified local health boards of the funding necessary to commission oxygen patient assessments and of the requirement for LHBs to conduct audits in relation to the funding.

Go to <http://tinyurl.com/3dtevs>

'Undergraduates should get £1,000 cash bursary'

» CBI director-general warns of impending skills shortage

Emma Wilkinson

Pharmacy students should get a £1,000 a year 'golden carrot' bursary, industry experts have proposed.

All those doing science and engineering courses should receive the bursary towards the cost of tuition fees as part of a five-point plan to double the number of students opting for the subjects.

The Confederation of Business Industry warned that 2.4 million newly qualified staff with science, technology, engineering and maths skills are needed by 2014.

Currently only 13 per cent of students are taking such courses, far below what is needed for the changing UK economy.

A £1,000 a year bursary would cost the government around £200 million a year.

Richard Lambert, CBI director-general, said: "Some employers are already finding it difficult to get the right talent, and the problem is set to get worse."

"The UK cannot compete with the developing world on low skilled jobs, so to thrive in the global market we must excel in the higher skilled roles

that demand expertise and innovation."

Heena Bhakta, president of the British Pharmaceutical Students Association, said: "A £1,000 bursary for pharmacy students each year would be a welcome incentive to the many students considering a career in pharmacy."

"This financial support may mean the difference between studying pharmacy or choosing another vocation to some students."

"We hope that the government listens to the CBI's proposal and implements these valuable bursaries."

Good service royally recognised

Pharmacist Tilly Castle was recently honoured to be invited to a Royal Garden Party.

The invitation from the Lord Lieutenant of Cornwall stated that it was "in recognition of your contribution to your local community".

Mrs Castle is pharmacist manager at the Alliance Pharmacy at Carbis Bay, Cornwall, a small community that has no GP but which includes many elderly people.

"I like to treat my patients the way I would my own family," Mrs Tilly said. "Many here are on their own so I try to make a difference."

"There aren't any GPs in Carbis Bay, so everyone comes to me – we're like the Citizen's Advice Bureau."

"I'm just doing what community pharmacy is all about and I'm pleased someone has recognised that pharmacy does something of value in Carbis Bay."

Mrs Castle also has a strong interest in CPD – she has twice been a finalist in C+D's Pharmacy Update

knockout in 2005 and 2006.

It was a memorable afternoon at the palace, she said, adding that the Queen exhibited a genuine interest in her guests.

Mrs Castle also reported that the cucumber sandwiches served at the Palace and which are prepared using a special recipe were a particular delicacy. **GMA**



Tilly Castle attending the royal garden party with her husband Graham: the cucumber sandwiches were a particular delicacy

Medicines for elderly queried

Preventive interventions can be both expensive and harmful to patients who have exceeded an average lifespan, an article published by the BMJ has concluded.

The authors argued that data from studies in younger patients could not be relied on as a guide for older patients, and added that

more sophisticated ways of assessing the benefits of prevention were needed.

The article quoted the case of statin treatment in older patients, which the authors argued was supported by very little evidence.

For example, examining data from the largest available trial, PROSPER,

including 5,000 patients aged 70 to 82 years, revealed no benefit over placebo for elderly women.

Mortality and morbidity from other causes including cancer were increased in the treated groups, the authors argued. **BMJ 2007; 335:285-7. GMA**

NEW IN SMOKING CESSATION

THE POWER TO HELP THEM QUIT.¹⁻³



- A new class of oral prescription therapy with a unique dual action:^{1,2,4}
 - Partial agonist action: Reduces craving and withdrawal symptoms[†]
 - Antagonist action: Reduces the satisfaction associated with smoking[†]
- Significantly higher quit rate vs. bupropion or placebo at 12 weeks^{1,2,5}
- Favourable safety and tolerability profile in approximately 4,000 treated smokers⁶

[†]Based on the Minnesota Nicotine Withdrawal Scale (MMNS) score. Data presented in this advertisement are based on results from clinical studies.

CHAMPIX® Film-Coated Tablets (varenicline tartrate)
ABBREVIATED PRESCRIBING INFORMATION - UK. Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** Mild to moderate renal impairment: No dosage adjustment is necessary. Patients with moderate renal impairment who experience intolerable adverse events: Dosing may be reduced to 1 mg once daily. Severe renal impairment: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. **Patients with end stage renal disease:** Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of

some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence dry mouth and fatigue. See SmPC for less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no

experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. Last revised: 09/2006

Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

References: 1. Gonzales D et al. JAMA 2006; 296:47-55. 2. Jorenby DE et al. JAMA 2006; 296:56-63. 3. Tonstad S et al. JAMA 2006; 296:64-71. 4. Coe JW. J Med Chem 2005; 48:3474-3477. 5. Gonzales DH et al. Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida. Abstract PA9-2. 6. CHAMPIX Summary of Product Characteristics.

CHA055a Date of preparation: Nov 2006



New oral prescription medicine

CHAMPIX ▼
varenicline tartrate

Government must lead the battle against exclusive distribution deals in the wholesaling sector, Mawdsleys director John Davies tells

Jennifer Richardson

Caught in the crossfire



“Howitzers are going across, and occasionally one of them goes astray and hits us”

John Davies has an apocalyptic view of pharmaceutical wholesaling. Wholesalers, he says, are caught in the crossfire as big pharma battles it out with government for control of the medicines supply chain.

“We’re in the middle of the battlefield, Howitzers are going across, and occasionally one of them goes astray and hits us,” he says.

As a director of wholesaler Mawdsleys, Mr Davies’ outlook is perhaps unsurprising. In unsettlingly quick succession the company has lost accounts with Pfizer, AstraZeneca, Napp and sanofi-aventis, leading to a 20 per cent reduction in Mawdsleys’ product portfolio.

But, despite the blow, Mr Davies remains “very bullish” about the future. This is perhaps partly because, he claims, in its first quarter without Pfizer, Mawdsleys “made more money than we’ve ever previously made.”

“I’m sure it’s complete coincidence,” he says, “but it did make me smile.” The saving, he adds, is due to the limited profitability in branded products compared to generics. “No one would say it’s desirable,” he cautions, “but that’s not the core profit driver.” The company’s £300 million turnover is also fortified by Positive Solutions and Doncaster Pharmaceuticals, respectively its IT and parallel import arms.

A bigger concern is what Mr Davies perceives as the breakdown in communication between manufacturers and industry stakeholders over such dramatic changes to the medicines supply chain. “The complete lack of consultation has really taken

people by surprise,” he says. “Big pharma is behaving as though it is outside the control of government.”

This arrogance is evident, says Mr Davies, in the sector’s refusal to postpone further supply deals until the Office of Fair Trading concludes its inquiry into how the distribution changes will affect the NHS. “I’m amazed at their timing,” he says. “It’s almost saying to the OFT, ‘we don’t care.’”

But Mr Davies is cautiously optimistic about the outcome of the OFT investigation. “The fact that they think there’s something to report on is very encouraging,” he says. “There’s a very, very strong argument to say that [exclusive supply deals] are anti-competitive.”

The government must now take up the mantle against such arrangements, Mr Davies believes. “What we need to do is arrest the situation and stop it developing any more, which will allow some time for proper consideration. That consideration has to be at the highest level. It has to involve the industry, but it has to have some leadership from government saying, ‘this is the preferred model.’”

Careful consideration of changes to the medicines distribution model is necessary because the effects are unknown, as all but Pfizer’s new supply deal have yet to be implemented. There will be a significant risk to the twice-daily delivery service, Mr Davies believes, as well as the established discount system. “Some really quite significant changes are going to come about,” says Mr Davies, “but we don’t know what they are yet.”



Zovirax pump

with them when they need it

Durable, discreet and convenient. Wherever they are, your customers can depend on Zovirax Cold Sore Cream pump.

Unsurpassed efficacy at blister and tingle¹⁻³



Zovirax Cold Sore Cream Product Information

Presentation: 5% w/w aciclovir in water miscible cream base. **Uses:** Treatment of Herpes Simplex virus infections of the lips and face (cold sores). **Dosage and administration:** Apply 5 times a day for at least 4 days. Start treatment as early as possible after the start of infection, ideally during tingle phase. If healing has not occurred, treatment may be continued for up to 10 days. **Contraindications:** Known hypersensitivity to

aciclovir, valaciclovir, propylene glycol or any of the excipients of Zovirax Cold Sore Cream. **Precautions:** Only to be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Refer immunocompromised patients to a doctor for treatment of any infection. Consult doctor if pregnant or breast feeding. **Side effects:** Transient burning or stinging. Mild drying or flaking of the skin has occurred in about 5% of patients. Rarely erythema, itching and contact dermatitis. Very rarely immediate hypersensitivity reactions including angioedema. **Legal category:** GSL. **Product licence number:** 00003/0304. **Product licence holder:** The Wellcome

Foundation Limited, Greenford, Middlesex, UB6 0NN, U.K. **Further information available on request from:** Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 2 g tube - £5.99; 2 g pump - £6.49. **Date of last revision:** March 2007. Zovirax is a registered trade mark of the GlaxoSmithKline group of companies.

References: 1. Spruance SL *et al.* Antimicrob Agents Chemother 2002; 46(7): 2238-43. 2. Van Vloten WA *et al.* J Antimicrob Chemother 1983; 12(Suppl B): 89-93. 3. Fiddian AP *et al.* Br Med J 1983; 286: 1699-1701.

Your letters

Society on fees debate: we are listening

Last week's headline, 'Online Fee Protest by 8,600 Falls on Deaf Ears' (C+D, August 11, p6) was no doubt designed to pour oil on already burning flames, but does not reflect the reality of the situation.

The views of our members are paramount and must be welcomed and encouraged – for that reason we have launched the fees consultation.

The 60-day consultation will give all members the opportunity to have their say about the fees issue. Major changes are happening across the profession and Council and Society staff are working together to meet the needs and aspirations of the membership.

We are in listening mode and acutely aware of the strong feelings among the membership that has resulted from the fee decision. The Society has been monitoring members' views expressed in various forums and we will be attempting to address any new questions that arise.

I understand that there is a belief among some members that the Society's consultation is some kind of knee-jerk reaction to the online petition.

This is absolutely not the case and the detailed content of the Society's consultation should be clear proof of that. The fact is that online petitions can be quickly set up, and while they are effective ways of seeking yes or no answers to simple questions, they do not offer any background context.

The members should know that they have the Council's attention and we in turn are interested in their views. C+D readers may be surprised to learn that I am grateful to Mr Cheeseman for starting his petition which has served as a rallying point for the membership. The next step is for those members

who have signed the online petition to take 30 minutes to go to the Society's website at www.rpsgb.org, read the consultation document and respond to the 10 questions that are posed on the response form. Those members who cannot access the consultation online can receive a hard copy by contacting the registrar's office.

I believe that once members have fully understood the background they will appreciate the difficult decisions that Council has had to take.

Your views are valued. Please participate in this crucial consultation.

Andrew Gush, RPSGB treasurer

The views of our members are paramount and must be welcomed and encouraged

Your views

Striving for stability

A confident market is vital for any business, but there are many outside influences to take into account

The relationship between quality of service and profitability, if not linear, is highly co-dependent.

A business operating in an environment of financial insecurity is less likely to invest and may even choose to retrench from innovation. Although community pharmacy is insulated from the ups and downs that plague other high street businesses, the resilient community pharmacy business model is coming under some pressure.

So what kind of financial climate would encourage pharmacy to flourish and allow patients and the public to enjoy the benefits of innovation and investment?

Like any business, pharmacy needs the financial future to be well defined; predictability encourages investment. The reality is that future income is anything but predictable. Although pilots can be helpful for initial fact finding, local commissioning is currently often best described as suffering from 'pilotitis'. Funding 'taps' are switched off with little notice, leaving patients confused, pharmacists exasperated and potentially financially damaged.

A confident market also needs to believe that financial flow is sustainable. Pharmacists have been encouraged by government to be canny medicine purchasers, driving down the cost of drugs for the NHS and ultimately the taxpayer.

Increasingly, pharmaceutical manufacturers are choosing to remove themselves from the medicines marketplace and are replacing competition with fixed discounts, removing the downward pressure on prices. The sustainability of the competition-driven medicines market has been weakened.

NPA members are left wondering where profits made previously from purchases of medicines will come from in the future – and where these unilateral decisions will take NHS funding for pharmacy.

Perhaps the overriding principle of funding for pharmacy services is the concept of a fair return. For pharmacy this principle is based on a comprehensive 'cost of service' model that includes the cost of a pharmacist being available to the public whenever the pharmacy is open.

Proposals to relax supervision and

remove the obligation for pharmacists to be in pharmacies have the potential to undermine the quality of the service available to the public at present, and may, against government's wishes, reduce access to medicines.

At the NPA we believe that pharmacists must be present in the pharmacy for the vast proportion of opening time; the public expect this and patient safety demands it. The issue that may be on the horizon is who will pay for it?

Perhaps Whitehall is also considering this. Government has, in our view, wisely delayed its response to the Galbraith review of pharmaceutical services until the autumn and will take into account the recommendations in the APPG report into the future of pharmacy. How any new financial arrangements best incentivise high-quality service provision will need careful consideration if policy promoted in the pharmacy white paper is to be

converted into practice.

Alison White is CEO of the NPA



Your letters

Send your letters to:
haveyoursay@cmpmedica.com

MURs crucial to contract success



Nick Mortimer: audit was positive

I am writing in response to the "locum at large should blame the system" article (C+D, August 4, p12). At Lloydspharmacy we believe the delivery of MURs is a crucial element to the successful implementation of the pharmacy contract.

In recognition of this we have invested considerably in both upgrading our consultation areas (having originally installed them across the estate in 2003, two years prior to the contract) and supporting the implementation through awareness events, one to one coaching, mentoring sessions and support materials.

To help us learn more about the impact MURs were having on our pharmacy teams and our customers, we also conducted a comprehensive audit and used the results to disseminate examples of best practice through a series of support modules.

These results also told us that although the service was sometimes challenging to implement, the vast majority of pharmacists enjoyed delivering the service and felt their customers were benefiting.

Also, importantly, the customer response was overwhelmingly positive, with 95 per cent telling us they were either satisfied or very satisfied with the service.

Since the launch of MURs the level of engagement across the profession has varied, however we are very proud of how our pharmacy teams have actively delivered the service, helping to improve patient care. We recognise that some challenges remain, however we are extremely positive about the process of change that we have and are continuing to undertake and we will continue to learn from our experiences and share successes.

Nick Mortimer
 superintendent pharmacist
 Lloydspharmacy

Counting cost of lost discounts

In a letter to C+D last October I wrote that I'd been visited by a Pfizer drugs rep for the first time in years and that he couldn't answer any questions about the direct to pharmacy deal.

Eight months later, neither the rep nor anyone else from Pfizer has had the courtesy to

contact me. So much for the 'getting closer to our customers' rhetoric.

Now, as a UniChem customer it might be assumed that none of this affects me, but a brief calculation of our Pfizer spend shows we will lose £8,000 in discount each year as a result of the new scheme. I find it very difficult to believe the NHS will

make up the shortfall. And I don't see why the contractors should have to.

So if the NHS won't pay, and if contractors should not have to, then Pfizer should foot the bill. Let's hope the government's review of the PPRS will address the balance.

Graham Phillips
 Manor Pharmacy Group

Implanon®
 68mg etonogestrel

Forget about forgetting

Highly effective contraception
 for up to 3 years

**NICE LARC guidelines recommend
 offering a choice of all contraceptive methods**

Organon

Consult SmPC before prescribing, particularly in relation to side-effects, precautions and contra-indications.
 Further information is available from: Organon Labs Ltd, 330 Cambridge Science Park, Cambridge, CB4 0FL, UK Tel (+44) 01223 432700

**Help safeguard public health and support medicines yellow card reporting www.yellowcard.gov.uk
 Alternatively, adverse events can be reported to Organon Laboratories by calling 01223 432740**

Date of preparation: April 2007

POM

Item Code: 068186

Comment from the editor

Quality and funding – you can't have one without the other, Alison White, the NPA chief executive says this week (p12). An obvious statement you'd think. But why is community pharmacy an exception? It is expected to deliver innovative solutions to help primary care organisations meet their health goals, while PCOs have as a whole consistently failed to invest in pharmacy services.

Pharmacy has taken every opportunity to lobby its paymasters over this issue, feeding into consultation after government consultation. And while the Department of Health has had the tools to performance-manage the way

PCTs maximise pharmacy's contribution (via the community pharmacy strategic tests at <http://tinyurl.com/28dbg4>), have you ever heard of a PCT being admonished for failing to develop its pharmacy services?

The euphoria of the new pharmacy contracts is now a distant memory. The promise of developments such as prescribing is not being matched by sustainable resources. The reality is that category M fluctuations and

wholesale sector developments are placing increasing pressure on contractors' profits, and income from clinical services provides little compensation. While Scotland continues to quietly develop its pharmacy services (p5), contractors in England can only hope the forthcoming white paper on pharmacy services will kick-start service development.

With the conference season only weeks away, new pharmacy minister Dawn Primarolo will need to convince pharmacists that the white paper is not just that but a serious commitment to sustained pharmacy development.

RPSGB fees protest

Mark Cheeseman's online petition against the RPSGB's proposal to increase membership fees by 50 per cent closed this week with over 10,000 signatures. If ever a raw nerve was touched, surely this was it. While the petition sends a clear signal to Council, every response counts. Respond to the official consultation at <http://tinyurl.com/3a9ksg> and, if you have a question you want C+D to put to the Society, email it to haveyoursay@cmpmedica.com

Gary Paragpuri, editor

If ever a raw nerve was touched, surely this was it

Your views

Coalition agenda offers Welsh solutions

Cath Savage looks at how the new Welsh Assembly manifesto will impact on pharmacy

So, finally, after weeks of uncertainty during which the political pendulum in Wales has swung from talk of a Rainbow Coalition, briefly halting on a Labour led minority government, to finally stop at a 'Brown' Labour-Plaid Cymru partnership.

The new Welsh Assembly Government cabinet is now in place, heralding a unique situation of a Labour First Minister and Plaid Cymru deputy First Minister. Additionally for the first time there are Plaid Ministers with their own portfolios.

This new style of working is supported with a coalition manifesto setting out the government agenda for the next four years. 'One Wales – a Progressive Agenda for the Government of Wales', includes a number of proposals that will have significant impact on pharmacy. The document acknowledges how challenging the journey will be, for the political parties and those responsible for delivering on their political promises. This new style of

legislative powers will change the nature of politics, policy development and policy implementation in Wales and it will be very interesting to see how things materialise over the next few years.

The health agenda proposed for Wales includes the promise to maintain free prescriptions, review NHS reconfiguration, improve the patient experience and support social care, typically providing Welsh solutions to Welsh problems. These solutions, however, will not include the use of private finance initiatives.

Service development within the pharmacy profession is one solution to the patient access problem with the commitment to improve "access to services including wellbeing centres and pharmacy based NHS drop-in centres". This promise builds on the lobbying work undertaken by the Welsh Pharmacy Board and the other pharmacy organisations in Wales to promote the role of community pharmacy in improving access to a healthcare professional in primary care. The delivery of the

"rapid and ready access" healthcare to which politicians and patients aspire is certainly where the pharmacy profession excels and has a proven track record of being able to deliver.

The coalition government aims to deliver a "fair, prosperous, confident and outgoing Wales which its citizens deserve" – the Welsh Pharmacy Board and staff of the RPSGB will be working hard to ensure that the pharmacy profession plays its full part.

We now have a new government, new ministers and new powers, policies, processes and procedures – I think we can guarantee that the next few years in Wales will not be quiet or predictable.

Cath Savage is director of the RPSGB's Welsh office



Xrayser

Xrayser

CD

What price health?

Health economics is a fascinating topic for discussion because there really are no 'right' answers. It is impossible to put a price on good health and this is why the decisions made by Nice will never be universally popular.

Whether it is the failure to approve Orenia for rheumatoid arthritis (C+D, August 11, p10) or drugs for early stage Alzheimer's disease someone will always think their health has been cheapened.

Contraception will always be controversial for a number of reasons, but if you agree that women should be able to prevent unwanted pregnancies then that facility should be quite valuable. Not according to my PCT. The decision makers there have decided that there would "not be enough demand" for them to fund a PGD to enable under 16s to access EHC from my pharmacy.

This raises the question of how many unwanted pregnancies I would have to prevent to make the service worthwhile. Assuming the drug costs around £13 and I would get a fee of about £10 for each consultation, this sounds like a ridiculously cheap service. Particularly when you consider that many pregnancies in under 16s are likely to be 'unwanted' and would otherwise result in a much more expensive abortion or 16 years' worth of benefit payments. Even if I were only to provide one consultation a month this must surely be

CD



4 tablets inside

Xrayser

CD

worthwhile – to the individuals concerned at least.

If Nice were to review local pharmacy services there would be a lot more of them. Many locally organised services are no-brainers in terms of value for money to the NHS. The cost benefit of helping just one smoker to quit, for example, are huge. But because the results are felt by the larger NHS rather than the PCT that funds the service the accountants don't get it. If Nice guidelines recommended pharmacy provision of certain health services we would by-pass the short-sightedness and narrow mindedness of current funding mechanisms. But in the meantime I have to signpost under 16s to their GP or local family planning clinic and cross my fingers.

Smart card anyone?

Somebody must have benefited from the Data Protection Act but it does seem a particularly annoying and burdensome piece of legislation. The amount of time I waste answering daft questions to identify myself simply so I can find out what happened to my order for a new washing machine surely cannot be worthwhile.

Perhaps because it is such a troublesome piece of bureaucracy it is often ignored. The fiasco required to obtain an EPS smart card makes me think that patient data will be anything but secure.

Having spent an evening registering for the card, the PCT 'lost' my registration details so I had to re-apply. A card was sent to me following a phone call during which no attempt was made to check my identity. My card arrived in a recycled envelope stuck down with Sellotape and I then received my PIN number over the phone. If a bank operated like this all its accounts would be emptied in days.

I'm not too concerned about the security of electronic patient information because I don't think it's particularly secure on tatty bits of card. But this sort of performance could be symptomatic of a more widespread shoddiness that will make life more difficult, not easier.



LPC Inbox

Is EPS fit for purpose?

An IT lead for a PCT approached me at a meeting last week and asked me why some of the pharmacies in our area were claiming their ETP allowance?

He claimed that they were blatantly not using the EPS functionality and, in his opinion, some of their systems were "not fit for purpose".

Of course I responded by quoting the Drug Tariff specification, but it did set me thinking that, after a significant amount of initial effort by the LPC to create some local inertia and ensure that all pharmacists had smartcards, we now need to regain the momentum.

Until recently the rollout of 'accredited' pharmacy systems locally was well ahead of the GPs so there were very few barcoded scripts around to scan. As a result pharmacy systems, despite being technically capable, were not used

“ The time has come to wake up and smell the roses ”

and any initial training became a distant memory, smartcards put away or mislaid and PINs forgotten.

A recent flurry of activity by PCTs and the enablers of newly approved GP systems has swung the balance the other way and barcoded scripts are suddenly in fashion. It is this situation that undoubtedly initiated the question from the IT lead and sent me back on the EPS bandwagon.

I know that there are some issues with download time, but EPS release 2 is on the near horizon. Have we and the PMR suppliers really done enough to ensure equity among our contractors and established systems that are 'fit for purpose'?

The recent headline 'Prepare for EPS or Face Losses' supported by quotes from the NPA, gave a blunt, but perhaps poignant, message and the time has come to wake up and smell the roses, even if they are a piece of computer clipart!

Written by an LPC officer

Pharmacy Champions

Pharmacy
Champions

Mark Collins, of Barkerhouse Pharmacy in Lancashire, has done extensive work in minor ailments and the development of the web-based reporting system for the service



Under the white coat

- I am a bit of a "techie" and like to keep up to date with the latest **computer developments**.
- If I was in charge of pharmacy for a day I would **abolish the control of entry exemptions** – especially 100-hour pharmacies – giving **control back to the PCTs** to identify where community pharmacies need to be in order to meet patient need. I would also have a dedicated place for community pharmacy on PCT professional executive committees (PECs) and remove the GP domination of the practice-based commissioning (PBC) groups.
- I try to **prioritise my family** when I am not at work, because I work long hours.

I had the opportunity to buy a pharmacy that was in need of investment. It was located on a parade nowhere near a GP surgery, the nearest surgery relocating 600m further away!

The pharmacy is situated in the centre of a very large number of back-to-back terraces in quite a deprived area. The surgery moving further away, I felt, gave me an opportunity to become a community pharmacist in its truest sense.

There had been a successful pilot of a **minor ailments service (MAS)** in a couple of pharmacies. The success of the pilot study enabled a PCT-wide rollout of the service and it was an immediate success in my pharmacy. We saw an increased number of patients such as young mums and their children after the introduction of the MAS.

I am currently working on a **web-based version** with Lancashire & South Cumbria Agency (LASCA), because the current scheme is heavily paper-based. This ultimately will enable pre-population of the patient data into the form via the NHS number and the finish of sorting, filing and posting of all the forms at the end of the month.

Both the GPs and patients really like the MAS. It's so much more convenient for everybody; it means that patients are being dealt with by an appropriate healthcare professional and minor ailments are not clogging GP surgeries.

What I find really annoying is when we are

Out of hours

- My favourite food is hummus, salad and falafel in pitta bread.
- My dream date would be my wonderful wife.
- I am afraid of **my wife and European waste directives**.
- My pet hate is the duplication of information when filling in forms.

clearly in a position to offer services to patients but the lack of funding is used as a reason not to develop a service, even when there is a proven business model that will generate benefits for patients and/or budgetary savings.

My advice to others would be to **talk to your LPC. Better still, join your LPC** – they are the ones working on community pharmacy's behalf with the PCTs all the time to develop services.

You can't beat experience; I have been fortunate to have had the opportunity to develop several pharmacies now. I have had good support from the Mawdsley-Brooks business support team and **have built up a good working relationship with them**.

Providing the MAS has been satisfying because it brings patients back to community pharmacy where I feel they rightly belong.



Nominate your Pharmacy Champion:
Telephone 01732 377088
or email jrichardson@cmpmedica.com



Supported by



A Thornton & Ross brand

Pumped full of benefits



All the patient-friendly benefits of Cetraben emollient cream now in a NEW pump pack

- Innovative NEW airless technology
- Up to 20% less waste
- Easy to operate
- Lowest price branded emollient



ABBREVIATED PRESCRIBING INFORMATION Cetraben® Emollient Cream. Please refer to Summary of Product Characteristics (SmPC) before prescribing. **Presentation:** A thick white cream containing white soft paraffin 13.2% w/w and light liquid paraffin 10.5% w/w. **Indications:** Symptomatic relief of red, inflamed, damaged, dry or chapped skin, especially when associated with endogenous or exogenous eczema. **Dosage:** Apply to dry skin areas as required and rub in. **Contra-indications:** Hypersensitivity to any of the ingredients. **Special Warnings and Precautions:** Care should be taken if allergy to any of the ingredients is suspected. Avoid contact with the eyes. **Side Effects:** (Refer to SmPC for full list) Very rarely, mild allergic skin reactions including rash and erythema have been observed, in which case the product should be discontinued. **Marketing Authorisation number:** PL 17320/0001. **Basic NHS Price:** 50g tube £1.17, 125g tube £2.38, 500g pump dispenser £5.61. **Legal category:** GSL. **Date of preparation:** June 2007. **Further information is available from:** Genus Pharmaceuticals Ltd, Benham Valence, Newbury, Berks RG20 8LU. Cetraben® is a registered trademark.

Date of preparation July 2007 CET0607162

Information about adverse event reporting can be found at www.yellowcard.gov.uk
Adverse events should also be reported to Genus Pharmaceuticals on 01635 568400.



white soft paraffin,
light liquid paraffin



GENUS PHARMACEUTICALS

When varicose veins are a pain.

Hirudoid relieves pain, swelling and the tired feeling associated with varicose veins through its anti-inflammatory effect.¹

Now that Lasonil has been withdrawn from the market you do still have a choice of heparinoid.

Prescribe Hirudoid gel for its cooling effect or Hirudoid cream to moisturise the skin especially if it's dry.

The
pain
the
swelling
the
tiredness
the
heat

HIRUDOID[®]

heparinoid

The relief.

Hirudoid[®] Abbreviated Prescribing Information: Hirudoid Gel contains Heparinoid 0.3% w/w (Equivalent to 25,000 Units per 100 g gel). Hirudoid Cream contains Heparinoid 0.3% w/w (Equivalent to 25,000 Units per 100 g cream). Refer to Summary of Product Characteristics (SmPC) before prescribing. **Indications:** Treatment of superficial thrombophlebitis and relief of superficial bruising and haematoma. **Dosage:** Adults and children over 5 years of age apply to six inches (5-15 cm) to be treated

four times daily to the affected area and gently massaged into the skin. **Contraindications:** Not to be used on large areas of skin, broken skin, sensitive areas of skin or mucous membranes. Known sensitivity to any active or inactive component of the formulation. Children under 5 years of age. **Warnings/Precautions:** For external use only. If symptoms persist or worsen, seek medical advice. Do not exceed the stated dose. **Interactions:** None known. **Adverse Effects:** None known. **Packaging size and price:**

Adverse events should be reported to Genus Pharmaceuticals Tel: 01635 568400 (Information about adverse event reporting can be obtained from www.yellowcard.gov.uk).

Hirudoid Gel – 50g tube £3.99, Hirudoid Cream – 50g tube £3.99. Marketing Authorisation Numbers and Holder: Hirudoid Cream – PL06831/0175, Hirudoid Gel – PL06831/0174. Genus Pharmaceuticals Ltd., T/A Genus

Pharmaceuticals, Benham Valence, Newbury, Berkshire RG20 8LU. Legal Category: [P] Date of preparation: February 2007. Reference 1: Data on file HIR/001. Further information can be obtained from: Genus Pharmaceuticals, Benham Valence, Newbury, Berkshire RG20 8LU. Date of Preparation: April 2007 HIR0207112



GENUS PHARMACEUTICALS

C+D Clinical

Is it skin cancer?

A picture guide to lesions that need instant referral and some that are benign

Key points

- At first glance some pigmented lesions even defeat dermatologists, so pharmacists should always refer a suspect spot.
- Many forms of skin cancer are associated with UV exposure, so treatment includes warning about the dangers of sunbathing.
- Malignant melanoma is potentially life-threatening; this and squamous cell carcinoma can be referred under the NHS 'two-week wait' scheme.

Dr Nigel Stollery

With the increasing incidence of both melanoma and non-melanoma skin cancers, one of the regular challenges facing physicians is the differentiation between lesions requiring simple reassurance and those requiring excision or biopsy. This task has never been easy and any dermatologist will tell you that, every week, lesions thought to be benign are found to be malignant under the microscope. Conversely many benign lesions are excised unnecessarily.

This doesn't mean that every skin lesion needs biopsy or excision. Many patients need only reassurance, but differentiating between the two requires care.

Skin lesions should also be seen as an opportunity to educate patients about the dangers of the sun and how to protect themselves and their children from the risks of skin cancer.

Always remember – if in doubt, refer. A biopsy is a simple procedure, but a missed melanoma may be fatal.

Actinic keratoses

Actinic keratoses are the commonest skin lesions with malignant potential. They are UV-induced and tend to occur on sun-exposed areas in fair-skinned individuals. Actinic keratoses frequently correlate directly to the total amount of sun exposure, so the incidence increases with age. DNA analysis shows characteristic UV-induced mutations in key genes.

Clinically, lesions vary from simple

Reflect

Do you know the difference between an actinic and a seborrheic keratosis, and which is potentially more dangerous? Do you know the ABCDE criteria for a changing mole? Which skin cancers are covered under the NHS "two week wait" scheme?

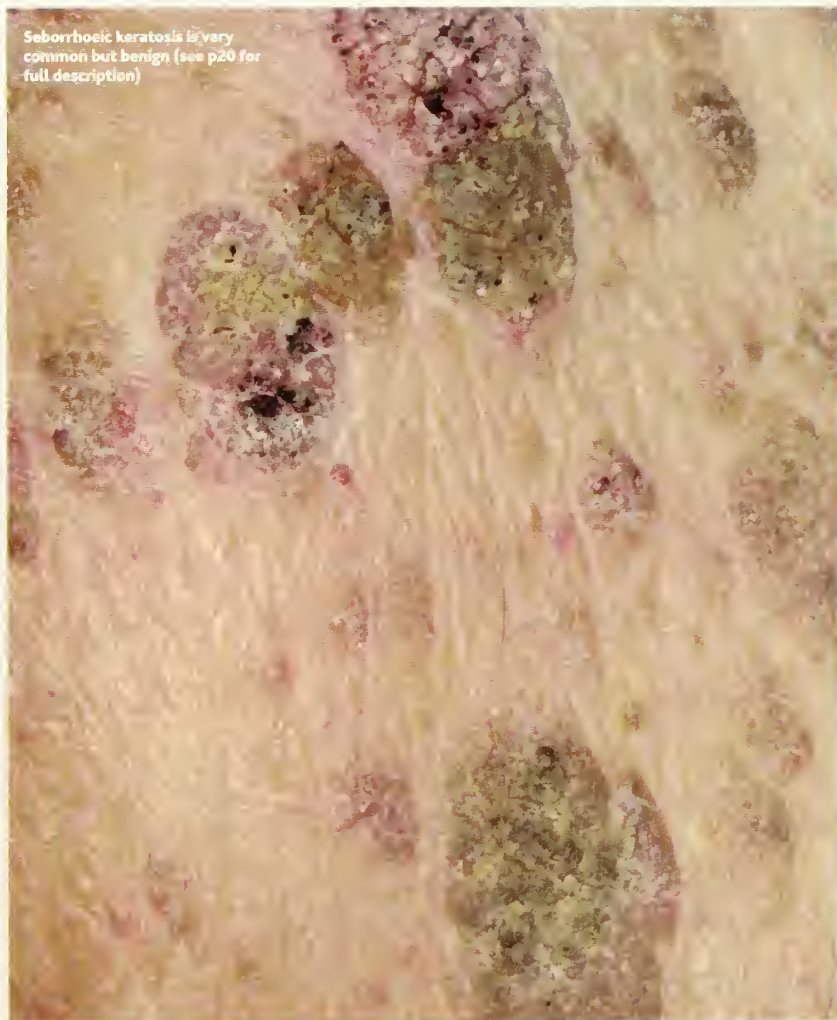
Plan

This abridged picture guide (and the extra material at www.dotpharmacy.com/dermatology) will help you identify which skin lesions need urgent referral and which are likely to be benign but warrant reassurance and advice to check with the doctor.

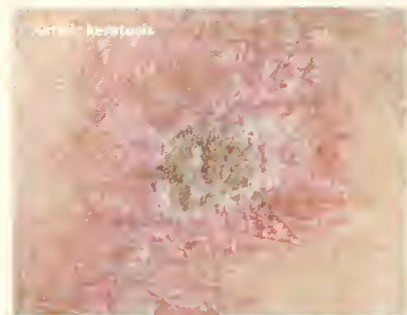


This article can help in the following CPD competencies: G1a, C1f, C2a, C4k. See www.tinyurl.com/194zu

Seborrheic keratosis is very common but benign (see p20 for full description)



Pharmacy Update



roughened areas of skin to large, elevated hyperkeratotic plaques several centimetres in diameter. They may progress to invasive squamous cell carcinomas, but it is difficult to predict which will. So, as patients often have many lesions, they are usually treated.

For small lesions topical treatments such as 5-fluorouracil (5-FU), 5 per cent imiquimod cream, or diclofenac gel can be useful. For larger lesions, photodynamic therapy, cryotherapy, curettage and cautery or excision may be required. Education about sun exposure is important, including advice on sunscreens and covering affected areas.

Basal cell carcinomas: superficial

Superficial basal cell carcinomas usually pose more of a diagnostic challenge. The flat scale-covered plaques are often mistaken for



psoriasis or dermatitis. When treated as psoriasis there is usually little change in appearance. This, together with the absence of other affected areas and the lack of a past history of psoriasis, should raise suspicion as to the diagnosis. Unlike rodent ulcers there is usually no rolled edge or ulceration and growth may be slow over a number of years, with affected areas being very large in some cases.

Treatment includes cryotherapy, photodynamic therapy, topical treatments such as 5-fluorouracil or imiquimod, and surgical excision.

Basal cell carcinomas: rodent ulcer

Eighty per cent of all non-melanoma skin cancers are BCCs. They occur most commonly in 55 to 75-year-olds and 75-85 per cent are on the head and neck. The primary aetiological factor is sun exposure,



with risk related to the degree of exposure and skin type. The incidence of BCC is increasing throughout the world and the popularity of sunbathing over the past 50 years means this increase is likely to continue.

There are various types of BCC. The rodent ulcer typically forms as a small pearly nodule with a central indentation, which will ulcerate with time. When viewed at the right angle, the rolled raised edge appears to have a white, pearl-like appearance. Telangiectasia may be present and the lesions tend to grow.

The word cancer often fills people with fear but BCCs rarely metastasise and are usually curable.

Treatment is generally surgical resection. Radiotherapy may be an alternative in the elderly or for large, inoperable lesions. The importance of avoiding further UV damage should be stressed.

Bowen's disease

First described by John Bowen in 1912, this condition is best thought of as a type of squamous cell carcinoma with the potential for significant lateral spread. Over the years there has been debate as to whether Bowen's is associated with internal malignancy, ie a



paraneoplastic condition, but recent studies have refuted this.

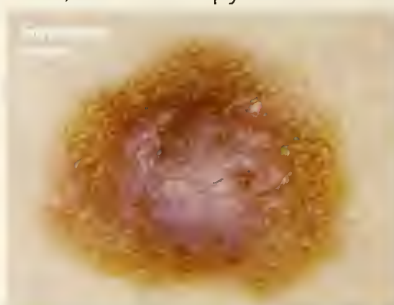
As with many other skin cancers, the main aetiological factor is chronic UV exposure, with other causes including trauma, chemical carcinogens such as arsenic and the Human papillomavirus. Only 5 per cent progress to invasive SCC and metastases are rare. Males and females are affected equally and the incidence increases with age.

Typical lesions are small erythematous scaly plaques, with two-thirds occurring as

solitary lesions. They grow slowly. Diagnosis can be confirmed with a biopsy and areas treated with cryotherapy, topical 5-fluorouracil or imiquimod, or excision.

Intradermal naevus

Naevi (moles) are common and occur anywhere on the skin's surface. Some are present at birth (congenital naevi), others develop later in life. There are many varied names, which often simply relate to their



location or pigment. Cellular naevi are non-pigmented and found in the dermis, junctional naevi affect both the dermis and epidermis, and intradermal are present only in the dermis.

Distinguishing between benign and malignant pigmented naevi may be difficult and there are various aids to help. The use of a dermoscope allows the identification of features not visible to the naked eye. Various rules exist to differentiate between melanomas and benign moles (eg the ABCDE criteria for a changing mole – see the section on melanoma p20).

In many cases excision is the only accurate way to identify melanomas, with histological examination being the gold standard diagnostic tool.

Lentigo maligna

Lentigo maligna (malignant lentigo) is also known as Hutchinson's freckle. It was initially thought to be an infection because of its slow, progressive growth, but has since been characterised as a non-spreading melanoma. Most affect only the epidermis. It is known as lentigo maligna melanoma when the dermis and its lymphatics are penetrated, establishing the risk of metastatic spread. Lentigo maligna generally occurs over the age of 40 with a mean age of 65.

It most commonly affects the sun-exposed





Compounding Solutions for Pharmacy

The 'Specials' Specialist

**The total one stop bespoke 'SPECIALS' manufacturer
and supplier of world medicines.**

Professionals providing an unparalleled level of service.

If your patient needs it, we'll provide it.

**Our dedicated team includes pharmacists, pharmacy technicians,
regulatory, licensing, import and export professionals.**

- **Same day turnaround for most manufactured products**
- **Same day*/Next day delivery**
- **Unbeatable level of service in the industry**
- **Customised tailor made formulations**
- **The most reliable Specials supplier**

**conditions apply*

INTEGRATED PHARMACEUTICAL SERVICES

PHONE: 020 84819720

FAX: 0800 7830305

**We are what we repeatedly do.
Excellence, then, is not an act, but a habit.**

Pharmacy Update

areas of the head and neck with a predilection for the cheek and nose. Females are more commonly affected than males.

Surgery is the treatment of choice but where this is difficult cryotherapy or radiotherapy may be useful.

Malignant melanoma

The ABCDE criteria for a changing mole is a



useful tool for anyone looking at pigmented lesions. Each letter reminds us to look for specific features:

A = Asymmetry. Do both sides of the mole look different?

B = Border irregularity. Are the edges ragged, notched or blurred?

C = Colour variation. Is the pigment uniform or varied?

D = Diameter. Large naevi (over 6mm diameter) are more likely to undergo malignant transformation.

E = Evolving. Is the lesion changing?

Different subtypes of melanoma exist, such

as nodular, superficial spreading, lentigo maligna melanoma and acral lentiginous and amelanotic melanoma. All are potentially life-threatening and require treatment under the guidance of a multidisciplinary team in secondary care.

Any suspicious lesions can be referred under the 'two-week wait' scheme, allowing rapid expert opinion and treatment. Nice gave guidance on the management of melanomas in 2006 (see useful weblinks).

Seborrhoeic keratosis

These are the commonest benign skin tumours in older individuals (see p17) caused by a proliferation of epidermal cells. Although no specific aetiological factors have been identified they tend to be more common on sun-exposed areas.

Although more common in the elderly, one British study carried out in 2000 showed that 8.3 per cent of males and 16.7 per cent of females under the age of 40 had at least one seborrhoeic keratosis.

Lesions typically have a 'stuck on' appearance and patients present because they catch and bleed when knocked. Parts of lesions also tend to drop off when rubbed with a towel or scratched, giving an irregular appearance. They may be pigmented and bleed, giving concerns that they may be cancerous, and tend to grow with time.

Treatment options include cryotherapy, curettage and cautery or shave excision.

Squamous cell carcinoma

This is the second most common skin cancer in the UK after basal cell carcinomas. Under the 'two week wait' scheme any lesions



thought to be SCCs can be referred and are usually excised within this time frame. As with many other forms of skin cancer, they are associated with UV exposure and are more common on sun-exposed areas of the body. They are a malignant tumour of epidermal keratinocytes and either occur de novo (directly from normal skin) or in pre-existing lesions such as actinic keratoses.

When any chronic skin lesion fails to heal, such as a leg ulcer or wound, malignant change to an SCC should be considered and a biopsy taken. Patients who are immunosuppressed are at a much-increased risk. These lesions have the potential to metastasise so excision is the treatment of choice with histological examination of tissue to determine clearance margins.

This article has been abridged. See the full article with further examples at www.dotpharmacy.com/dermatology

Dr Nigel A Stollery is a GP at Kibworth Health Centre, Leics, and clinical assistant in dermatology at Leicester Royal Infirmary.

Continuing Professional Development



Act

- Read the Nice guidance on skin cancer and look up skin cancer on www.cancerbackup.org.uk
- Make sure you have customer leaflets available on sun protection and stock high factor sunscreens (SPF30 plus).
- What would you say to someone you know has had a rodent ulcer removed but seems to have a permanent tan?
- Make sure you are aware of the directions for use, warnings and side effects of topical diclofenac, fluorouracil and imiquimod.
- Find out more about cryotherapy, what signs and symptoms patients might expect afterwards and how they should care for the lesions until the area heals.
- Some illustrations accompanying this article show conditions that have progressed to such an advanced stage you would have no hesitation in referring the patient to a GP. Try to find out what these conditions look like at an earlier stage and how they develop. Actinic keratosis and Bowen's disease, for example, may first present as rough patches similar to eczema. The British Association of Dermatologists' website (www.bad.org.uk) has patient information leaflets describing signs, symptoms and treatments.
- What is Peutz-Jegher's syndrome?

Evaluate

- Are you now more knowledgeable about the appearance of skin cancers and do you feel confident in the advice you might give to patients?

Useful weblinks

www.nice.org.uk/csgstim
www.cancerbackup.org.uk/Cancertype/Skin
www.bad.org.uk/public/leaflets/skin_cancer.asp

For a weekly email alert on C+D's Pharmacy Update series, as well as SPC alerts please register at:

www.dotpharmacy.com/newsbulletins



News bulletin

Pumped full of benefits

All the patient-friendly benefits of Cetraben emollient cream now in a NEW pump pack



 GENUS PHARMACEUTICALS

Further information is available on request from: Genus Pharmaceuticals Ltd, Benham Valence, Newbury, Berkshire, RG20 8LU. Legal Category: GSL. Please consult the Summary of Product Characteristics before prescribing, particularly in relation to side-effects, precautions and contra-indications.

Date of preparation: July 2007 CET0607162

Information about adverse event reporting can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Genus Pharmaceuticals on 01635 568400.



white soft paraffin, light liquid paraffin

When
varicose
veins are
a pain.

The
pain
the
swelling
the
tiredness
the
heat

HIRUDO[®]ID[®]
heparinoid

The relief.

Please consult the SmPC before prescribing particularly in relation to contraindications, precautions and contra-indications.

Further information is available from:

Genus Pharmaceuticals Limited, Benham Valence,
Newbury, Berkshire. RG20 8LU

P

Adverse events should be reported to Genus
(01628 44000). Information about adverse event
reporting can be found at www.yellowcard.gov.uk

 GENUS PHARMACEUTICALS

Date of preparation: April 2011
HIR0207112

A Practical Approach...



"Hello, Susan, what are you doing in here?" says Hannah, senior medicines sales assistant at the Update Pharmacy, to her neighbour as she approaches the counter.

"I'm after two things Hannah, some earplugs so that I can get some sleep at night, and something to buck up my Roger – he's so tired and drowsy all the time."

"So, what's keeping you awake?" Hannah asks.

"It's Roger's snoring, he's been giving a nightly performance lately. He'll snore really loudly for a while, then he goes all quiet for a few seconds as if he's not breathing at all, then he gives an enormous snort, turns over and starts it all over again. He doesn't seem to notice anything and says he's sleeping all right, but he says he feels tired and he got a warning at work for falling asleep at his desk. Do you think those caffeine pep-up tablets would be any help?"

"It doesn't sound too good," says Hannah. "Would you like to talk to Mr Spencer? He may be able to suggest something."

Susan agrees, and pharmacist David Spencer establishes that Roger is 52 years old, likes his beer and has been putting on weight lately.

"This may seem an odd question, but what sort of build is he?" David asks.

"I suppose you'd say he was stocky," Susan replies.

"That confirms what I was thinking. I think I know what Roger's problem is, but I'm afraid there's nothing I can do to help except recommend that he goes to see his doctor."

Questions

1. What is likely to be Roger's problem?
2. What are the causes?
3. How common is it?
4. What conditions can it contribute to?
5. What is the treatment?

This article can help in the following CPD competencies: G1a, C1f, C4k. See www.tinyurl.com/194zu

Fight will go on over Alzheimer's drugs

Campaigners and drug manufacturers have pledged to continue the fight to make Alzheimer's treatments available for patients with mild disease after a High Court defeat last week.

Both the Alzheimer's Society and donepezil manufacturer Eisai have told C+D they are taking advice on whether they should appeal against the ruling.

The High Court ruled that Nice had acted correctly and rationally when it assessed donepezil, galantamine and rivastigmine, and decided it could not recommend them for patients with mild disease. It had also not been unfair in not revealing more details of its economic model.

However, the Court found that the organisation had breached disability and race relations laws in failing to offer advice for patients with learning disabilities, and for people for whom English is not their first language.

Nice is required to update the guidance within 28 days.

Both sides claimed important victories following the decision.

Alzheimer's Society chief executive Neil Hunt said the Court's decision that Nice had broken race and disability laws was an important victory, but added his organisation was deeply disappointed that patients with mild Alzheimer's disease would not receive the treatments because they were "not worth £2.50 a day". The campaign to make the treatments available to more patients would continue, he said.

Nice said it had also achieved a victory because it had won the argument on five of the six grounds on which the appeal was based, and had lost on only one.

The ABPI welcomed the decision, but expressed disappointment that Nice had not been required to make its decision-making process available for scrutiny.

In brief

A support service comprising text messaging, telephone support from nurses and a website has been launched by Roche to help hepatitis C patients through their treatment. It is available to those prescribed Roche's peginterferon alfa-2a (Pegasys). For information email twentyfour.7@roche.com

The DH has issued leaflets describing the detection and treatment options of head lice. A pdf is available at tinyurl.com/24gdpa or email dh@prolog.uk.com

The Scottish Medicines Consortium has accepted the vasodilating beta blocker nebivolol (Nebilet) for the treatment of stable mild and moderate chronic heart failure in patients over 70 years.

An MeReC bulletin review of the CV risks of treatment with glitazones has concluded that the available metastudies have raised important questions about the safety of the treatments. It added that metformin remains the drug of first choice in patients where blood glucose cannot be controlled by diet alone, particularly in overweight patients. MeReC Extra Issue No 29.

A Practical Approach... this week's answers

commonly affected. It may also occur in children with enlarged tonsils or adenoids. 4. Cardiovascular conditions, including hypertension, myocardial infarction, stroke and cardiac arrhythmias. Motor accidents caused by sleepiness or reduced participation in sports may also be ascribed to OSA. 5. Weight reduction; continuous positive airways pressure during sleep; air is pumped into the mouth due to through a mask to maintain the airways open; surgery to correct anatomical abnormalities, and removal of swollen tonsils and other tissue that may be blocking the throat, particularly in children.

1. Obstructive sleep apnoea syndrome (OSAS). 2. The pharynx collapses repeatedly during sleep, preventing the flow of air to the lungs. Apnoea causes the sufferer to wake momentarily to gasp for air, and then resume sleeping, often unaware of what is occurring. Several factors can cause narrowing of the pharynx, including enlarged tonsils and adenoids, obesity, retrognathia (recessed lower jaw), nasal blockage due to rhinitis or polyps, and a short and thick neck. Alcohol exacerbates the condition. 3. Incidence is about one in 100 of the population, with over 10 million men between the ages of 30 and 65 being the most

Nutramigen has extra calcium

Infant formula Nutramigen 2 has been reformulated. The new recipe has a higher calcium content to



better meet the needs of older infants with cows' milk allergy and an improved taste, says Mead Johnson Nutritionals.

As babies begin to eat solids their intake of formula milk decreases, leading to possible nutritional deficiencies. The new Nutramigen 2 formulation provides 100 per cent of an infant's calcium requirements in 425ml. Nutramigen 2 contains extensively hydrolysed protein used to manage infants with allergy for more than 60 years, adds the company.

Product info:

Mead Johnson Nutritionals
Tel: 00 800 8834 2568

Hung over? You must be British

A survey of self-medication carried out in May by AC Nielsen has exposed some interesting anomalies between British and other European consumers.

UK respondents reported higher levels of recent incidence across many categories. Hangovers were a particular problem, with 23 per cent of Brits questioned having suffered one in the last month compared with the European average of 13 per cent.

Sleep problems and stomach upsets were also markedly more prevalent in Britain.

UK respondents are less likely to visit a doctor than their European neighbours, due to a combination of product non-reimbursement, government encouragement for self-medication and the pharmacist as healthcare adviser, reports AC Nielsen.

Product loyalty is as strong in the UK as Europe generally. The role of the pharmacist in helping with product recommendation is significantly lower in the UK than in Europe due to the option of self-selection in UK outlets relative to the pharmacy-controlled 'dispensing' of OTC products in many European markets, says AC Nielsen.

Over 12,000 people across Europe took part in the survey, more than 1,000 of whom live in the UK.

Clarification

Actavis UK has taken over distribution of Hill's Balsam cough and cold remedies, not Hall's as stated in a headline last week (C+D, August 11, p24).

Products in brief

Mam's new bottle

Mam has launched a 330ml bottle featuring its patented Silk Teat. Suitable for infants aged from six months, the bottle has a pop off lid. Blue and pink variants retail at £3.49. Mam UK
Tel: 020 8943 8880

Green skincare

Birch Bark Ointment (£9/50ml) has been launched by Poppy Organic. Said to be beneficial in the treatment of actinic keratoses, the environmentally friendly product is hand made and free from SLS, mineral oil and paraffin derivatives.
Poppy Organic, tel: 01268 451111

Contacting CDRC

Contact details for the Coeliac Disease Resource Centre have changed. The new address is CDRC, Glutafin, Unit 3, Rowan House, Sheldon Business Park, Chippenham, Wiltshire, SN14 0SQ.
Tel: 01249 466280

As nature intended

Nature's Response is a new organic bodycare range from Tea Tree Ltd. Retailing at £4.99/250ml, the facial wash, body wash, shampoo, conditioner and moisturiser are free from potentially harmful chemicals, says the company.
Lifeplan, tel: 01455 556281

Dandruff be gone

Two anti-dandruff shampoos (£3.29/250ml) have joined the Elvive range, both containing selenium disulphide. The two-in-one shampoo and conditioner contains detangling agents while the Fresh Menthol shampoo claims to give an invigorating sensation during use. L'Oréal
Tel: 0161 655 1400

Nurofen packs a P punch

Analgesics brand Nurofen has launched pharmacy-only packaging in a move manufacturer Reckitt Benckiser claims will encourage consumer loyalty and help grow pharmacy sales.

A 'pharmacy-only' stripe has been introduced to show the difference between P and GSL products – something research found consumers do not understand, says RB. New packs are being phased in from the end of August.

Latest addition to the range, Nurofen Express (ibuprofen lysine), which claims to work twice as fast as standard Nurofen, has been launched exclusively in Boots. Wider distribution will follow in the next few weeks, says RB.

• Nurofen has launched an NPA-accredited training series to help

pharmacy staff understand pain relief options after research found a lack of understanding.

The first module explains what pain is and will be distributed later this month.

A further four parts covering active ingredients, formats and specific pains, will be sent out as training progresses.

Pharmacists will receive feedback on their staff's performance and certificates and badges will be awarded to successful candidates.

Call the Nurofen Academy (01284 717693) to request a registration form.

Product info:

Reckitt Benckiser
Tel: 01482 326151



The truth, the digital truth, and nothing but the truth.



So advanced, it's easy.

- No. 1 selling brand in Pregnancy testing
- National PR & TV Campaign
- Over 99% accurate

www.Clearblue.info

For further details, please call 0800 267448



Now for Acute Bacterial Conjunctivitis Take the Tube

Chloramphenicol is now available as an Ointment OTC



Following on from the successful launch of Optrex Infected Eyes Eye Drops comes Infected Eyes Eye Ointment. Just as effective in the treatment of acute bacterial conjunctivitis, but even more consumer friendly - with no need for refrigeration, it requires less dosing and is less messy too.

Available with an award winning support package for pharmacy - eyecare sales will now be twice as effective.

- Full Training Package
- NPA and CPP Accredited
- In-store Display Materials Available



Place your orders now

PIP CODE DROPS: 315-2709 PIP CODE OINTMENT: 325-2970

Nothing is more effective at treating Acute Bacterial Conjunctivitis

OPTREX INFECTED EYES EYE OINTMENT
Indication: Treatment of acute bacterial conjunctivitis. Dosage: Adults, children aged 2 years and over and the elderly. The recommended dose is a small amount of ointment (i.e. 1cm) to be applied to the affected eye(s). If the ointment is being used, apply every 6 hours for the first 48 hours, and then every 12 hours. The course of treatment is 5 days. If the drops are being used during the day and the ointment at night, apply ointment at night only. The course of treatment is 5 days. The pharmacist will advise on the most suitable treatment. Treatment should continue for 5 days even if symptoms improve. Contraindications: Chloramphenicol eye ointment must not be used in patients with a family history of blood dyscrasias. Warnings and Precautions: A doctor should be consulted if symptoms do not improve within 48 hours or at any time if symptoms worsen. Do not use if you are allergic to chloramphenicol or any of the ingredients. Discard any remaining eye ointment after the five day course of treatment. Undesirable effects: Transient irritation and stinging may occur. Hypersensitivity reactions and bone marrow problems. Legal Classification: P.
© 2005 Optrex Limited. Nottingham NG2 3AA. Licence Number: PL 000620052. Price: £5.29. Date of preparation: May 2005.

OPTREX INFECTED EYES EYE DROPS
Indication: Treatment of acute bacterial conjunctivitis. Dosage: Adults, children aged 2 years and over and the elderly. One drop instilled into the infected eye every 2 hours for the first 48 hours and 4 hours thereafter. The drops should be used during waking hours only. The course of treatment is 5 days. Treatment should continue for 5 days even if symptoms improve. Contraindications: Hypersensitivity to any of the ingredients. Persons who have experienced a severe allergic reaction to any of the ingredients. Warnings and Precautions: A doctor should be consulted if symptoms do not improve within 48 hours or at any time if symptoms worsen. Do not use if you are allergic to chloramphenicol or any of the ingredients. Discard any remaining eye drops after the five day course of treatment. Undesirable effects: Transient irritation and stinging may occur. Hypersensitivity reactions and bone marrow problems.
© 2005 Optrex Limited. Nottingham NG2 3AA. Licence Number: PL 000620051. Price: £4.79. Date of preparation: June 2005.

PAIN LESS

Do you scour the market for the most competitive Generic & P.I. prices? Do you search for consistent availability of product and reliable service? Does shopping around for the best deal give you a headache?

LOOK NO FURTHER

For pain-free purchasing call our friendly, experienced sales team at **OTC Direct** now on:

0800 169 2305

or email sales@otc-direct-ltd.com **We are waiting for your call**



DIRECT

Your 1st choice for Generics and P.I's

Under new management

Soap manufacturer H Bronnley & Co has been acquired by a management buy-in team.

It will continue to operate as a fully integrated business, manufacturing its own soaps, talcum powders, lotions, creams and fragrances.

Distribution of GB Kent brushes and Vagabond bags will continue

under the new management team.

The acquisition is said to be the first step in acquiring additional brands to develop the premier European toiletries house.

Product info:
H Bronnley & Co
Tel: 01280 702291

Skin gets an oxygen boost

The Nivea Visage skincare range has been extended with the Oxygen Power Skincare System.

Products in the sub-range contain 15 per cent oxygen, said to revitalise skin and help maintain a healthy looking complexion. The three new products are a cleansing gel, day cream and night cream.

Prices and Pip codes:
gel £7.99/200ml, 328-1839;
creams £12.99/50ml,
328-1813 (day), 328-1821
(night)
Beiersdorf
Tel: 0121 329 8800

Glucosamine gets a facelift

Health Perception's high-strength glucosamine range has been given a new look. The design aims to give improved brand identity, product navigation and shelf impact, says the company.

A genderless body replaces the familiar molecule man and different variants are clearly distinguishable.

Redesigned packs are scheduled to be on shelf next month. Marketing activity includes national press advertising, in-store displays and PR.

Product info:
Health Perception
Tel: 01252 861454

New source of soy isoflavones

Isovon is newly available from M&A Pharmachem. Designed to maintain good health during and after the menopause, capsules contain 60mg soy isoflavones. One capsule should be taken daily with a main meal.

Orchard Healthcare owns

the Isovon product in the UK.

Price: £14.95/30 capsules
Pip code: 329-8213
M&A Pharmachem
Tel: 01942 816184



Products advertised on TV next week

clearblue

Bio-Oil: All areas, except GMTV

Clearblue: All areas

Deep Freeze Patch: All areas, except GMTV, C4, Five

DulcoEase: GMTV, Sat, Five

Flexitol Heel Balm/Skin Care Range: Sat

Frontline: GMTV, Sat, Five

Gaviscon Double Action: All areas

Hedrin: U,B,G,Y,A, Five, GMTV, Sat

Jungle Formula: GMTV

Magicool: All areas, except Sat

Seabond: All areas

Senokot Dual Relief: All areas

Vagisil: All areas

PharmaSite for next week: Full Marks – windows, Full Marks – in-store,

Full Marks – dispensary

Pharmacy channel: Piriton, Clearly Herbal Natural Baby Wipes

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



Don't let pseudoephedrine products become a

GAP

in your profits!

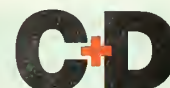
● train your staff with **MethGuard...**

....and help keep pseudoephedrine in pharmacy

- Complete the course in under 30 mins
- Course content agreed by CCA, AIMp and PAGB
- Easy to follow online course with certificate on successful completion

Courses cost just £5.00 each, and can be accessed via the link below:

www.dotpharmacy.com/stoptheswitch



PREGNANCY AND FERTILITY IN FOCUS



Pregnancy tests and fertility products are sometimes approached by women with a degree of embarrassment. By encouraging the correct approach from staff and proper positioning of the category, your customers can feel relaxed and confident when choosing a product.

The customer

A woman's attitude towards being pregnant now, and having a family now or in the future, as well as her age, will help determine how she feels about a suspected pregnancy.

The Clearblue brand has been built around the concept of 'neutrality' – not judging women whether they want to be pregnant or not. So key things that pharmacy staff can offer are non-judgemental empathy and discretion whilst making themselves available when advice and information is wanted.

Pregnancy tests are generally bought for self-use, with just 15% of customers buying for someone else.¹ Successful advertising to make sure the brand is top of mind and strong trust in the brand means shoppers are much more likely to leave home with the intention of buying Clearblue than other brands. Clearblue's award winning TV campaign will be continuing throughout August and September.

- Pregnancy test shoppers tend shop alone.
- They spend relatively little time at the fixture.
- Only a third spend over 10 seconds handling the product

Shoppers are primarily looking for brand name and accuracy of the test on the packaging, and price information on the shelf. While 72% of shoppers read information on the front of pack, only 59% read the back. Clearly, in-store communication of product and brand benefits is paramount.

The profile of customers buying ovulation kits reveals that the category is currently positioned in consumers' minds as 'only for those who are experiencing problems conceiving'. Clearblue is working to change this attitude to one where using an ovulation test is simply part of the pregnancy planning process.

Research shows that women actively trying to conceive buy an average of four ovulation test kits until they become pregnant. User acceptance is high, with 82% of users saying they would recommend one to a friend.²

The environment

Positioning products close to the counter but where they are not overlooked creates a safe environment. It gives a woman time to make an informed choice rather than feeling she has to 'grab and go'. Flagging up other sources of information, such as the Clearblue Careline (08705 673514) or website – www.Clearblue.info/uk – is another way to help.

Shoppers tend to make a special trip to buy pregnancy tests, although this will normally be to a familiar pharmacy, so the category needs to be easy to find, with clear signposting in-store. Clearblue is clearly recognised as brand leader and should be used to help signpost the whole category (shoppers are more likely to go to another store to buy the brand if they can't find it – a good reason to maintain stock availability).

Shoppers need to be aware that the category is there for when they need it. A discreet way of highlighting its presence could be to co-locate it with more frequently visited and/or related categories such as feminine hygiene.

For sales inquiries call 0800 267 448

For product information visit www.Clearblue.info

1. Shopper research carried out by IRI for Clearblue in March 2005

2. UK independent research 2003 on ovulation testing

MERCHANDISING TIPS

- Self-selection - important because the category is sensitive and women may not want to have to ask for this type of product
- Location - not overlooked but close to the pharmacy counter to help trigger requests for advice, but to allow women to browse without feeling intimidated
- Put Clearblue Pregnancy Tests and Ovulation Tests /Fertility Monitor together. Some women are unaware of the fertility products so may not be looking for them.
- Dual site with related lines (eg. pregnancy supplements, sanpro) to help:
 - Maximise cross selling
 - Grow the category
 - Maximise the repeat and new sales opportunities
 - Help signpost the category with brand blocking

CLEARBLUE – THE UK BRAND LEADER FOR OVER 21 YEARS

Setting the gold standard in pregnancy and fertility tests

clearblue

Bring it on home to me



Illustration David Farram

Can pharmacy learn from the success of Tesco's home delivery? In the third of her studies of the multiple retailer's strategies, **Tracy West** sums up its approach to convenience

If you've ever considered delivering your goods direct to your customers' doors but thought there was no call for it or that it would be too costly, you might like to think again. Tesco delivers goods day in, day out, and its customers pay for the convenience.

Obviously Tesco is the biggest there is and there are economies of scale. However, if you offered your customers a convenient delivery service perhaps they'd be willing to pay too.

Tesco's delivery success is thanks to online shopping, which allows time-stressed consumers to shop when it suits them without having to put a foot outside their front door.

In the early days of online food shopping there were teething problems, with muddles over the quantity of goods ordered and complaints about the quality and remaining shelf life of shortlife products. But in the main these problems have been ironed out. The website that has done the most 'ironing' is tesco.com

which boasts of being the most successful online grocery shopping service in the world. In its 2006 trading statement, the retail giant revealed that tesco.com sales grew by 31.9 per cent to reach almost £1 billion and profit increased by 54.9 per cent

to £56.2 million. The company says it has 850,000 active customers with more than 250,000 orders a week.

In the run-up to last Christmas, tesco.com delivered 1.3 million customer orders. Fourteen million grocery items were ordered on the site during Christmas week and many tesco.com staff had to start work at 4am to pick customers' orders. Eleven thousand turkeys were delivered and Tesco Wine Club fulfilled 80,000 orders, which was over 50 per cent more than for the same period the previous year. More than 300 extra vans were brought in to cope with the extra demand.

Corinne Millar, UK retail analyst at Planet Retail, says Tesco has succeeded where other supermarkets have failed

“ Tesco delivers
goods day in, day out,
and its customers
pay for the
convenience ”



by sticking to in-store picking which saves money.

"The company believes it can continue to operate out of stores for some time – until sales reach £2 to £3 billion – but last year it opened a warehouse in Croydon to support its in-store picking operation."

Tesco says it opened the warehouse because it has fewer stores in south east London and the ones it has are "exceptionally busy", so the tesco.com-only store enables it to offer the service to more customers.

Obviously the great success of tesco.com means it needs little marketing, but the supermarket does promote the service by saying it is trying to save customers time as well as money. It also says the online offer appeals to the housebound.

Some pharmacies offer deliveries to the disabled but the service is not always communicated that well. A cynic might then think it was offered rather grudgingly. If a store goes to the trouble of operating such a service it should at least highlight the fact. This doesn't necessarily mean it will be inundated with requests but it all adds to the feelgood factor.

Mrs Millar says that feelgood factor extends further because home delivery is environmentally friendly.

"You have one van covering a small area instead of 20 different cars all visiting one store. Ocado plays the environmental card with its delivery service and it all helps in marketing such a service."

Indeed on the Ocado corporate website the message is: "We strive to make shopping at Ocado better for you, better for your groceries and also better for the environment."

"Not only do we save you a trip to the supermarket, so reducing the amount of cars on the road, but because we deliver straight from our state-of-the-art warehouse to your kitchen, we eliminate the carbon emissions generated by traditional bricks and mortar shopping."

Says Mrs Millar: "Home delivery is becoming increasingly important, especially with more women working. They're often time-stressed so it's much easier for them to do their shopping online at 10pm in the comfort of their own home than go into a supermarket for the best part of an hour."

Tesco's success with its online operation means it will only get

bigger. In September last year it launched a dedicated non-food site called Tesco Direct where customers can choose from a range of 8,000 items which can be delivered to their home or to their nearest store. And at the end of last year it ran a four-week trial selling clothing online. It was such a success that it is being launched properly in September.

Gavin Rothwell, senior business analyst at the Institute of Grocery Distribution, says: "Tesco uses the transactional side of tesco.com for a variety of purposes."

"These include reaching existing customers better, capturing new customers and providing a product test-bed. The retailer delivers seven days a week and offers delivery in two-hour time slots, stretching from 9am through to 11pm."

He says a key element of Tesco Direct is the variety of delivery options on offer. "Deliveries are available via a 48-hour cycle, store pick-up or two-hour delivery slots, all of which compare favourably with its many non-food rivals. The retailer uses its grocery tesco.com distribution fleet to deliver Tesco Direct lines."

Mr Rothwell adds: "This is just one way in which Tesco aims to follow the customer and meet their

needs as effectively as possible. The abiding principle here is that the key to success is to stay close to your customers and to develop your proposition in line with their evolving demands and preferences."

Tesco being Tesco, it is now meeting customer needs across the globe. Tesco.com operates on three continents, including the USA where it has a joint venture with Safeway. In the Republic of Ireland the service covers 65 per cent of the population from just 17 stores.

Obviously a small pharmacy won't have the funds for a major website operation, but a simple home delivery service could be a start. It might be worth asking your customers if such a service would help them and also whether they'd be willing to pay for it and if so, how much?

Simplicity is the key, as Tom Fender, director at research company HIM, explains: "Tesco keeps its strategy nice and simple with the shopper at its heart. In fact so successful is Tesco at this that it could be accused of being boringly consistent."

“ A small pharmacy won't have the funds for a major website operation but a simple home delivery service could be a start ”



TEETH AND GUMS

Q HOW DO I MAINTAIN HEALTHY TEETH AND GUMS?

A Thoroughly brush your teeth twice a day using clinically proven toothpaste. Use a small headed toothbrush so that you can remove plaque from even difficult to reach areas and replace your toothbrush every three months. Remove plaque from in between your teeth using floss or interdental brushes.

Q SHOULD FLOSS BE PART OF MY DAILY ROUTINE?

A Almost everyone has spaces between the teeth that are too narrow for toothbrush bristles to get into, and it's here that plaque tends to accumulate and dental diseases start. If plaque is left undisturbed here bleeding, sore gums and bad breath can result. Dental floss and other interdental cleaning aids are of value if used correctly.

Q HOW DO I KNOW THAT I HAVE SENSITIVE TEETH?

A If you experience pain when taking cold, sweet or hot food and drinks this is usually a sign of sensitive teeth.

Q WHAT CAUSES TOOTH SENSITIVITY?

A Tooth sensitivity is a common problem when the dentine in the main core of the tooth is exposed. This exposure can be due to the enamel that covers the tooth or the gum tissue that covers the roots being worn away. Tubules in the dentine carry sensations of heat, cold and pressure through to the nerve endings of the tooth.

Q HOW CAN SENSITIVE TOOTHPASTE HELP?

A Toothpaste specially formulated for sensitive teeth will soothe the nerve endings and provide relief from tooth sensitivity by its direct effect on the tooth nerve.



For further information on oral care and the Colgate range of dental products visit www.colgatepharmacy.co.uk

Graham Jones MRPharmS, qualified from Liverpool School of Pharmacy in 1985 and did his pre-registration at Boots in Banbury. After a variety of roles with both Boots and Lloyds he bought the pharmacy in the village of Lambourne in Wiltshire fifteen years ago. In an interview given in February 2007 he gave his views on both the Healthpoint system and the world of community pharmacy today...

Why did you buy your Healthpoint?

"I wanted to provide an extended service for my patients. I immediately saw that Healthpoint was very easy to use and accessible providing good information to help patients understand medical conditions and what they and I can do to help them deal with their particular problem."

What do you like about your Healthpoint?

"It is very easy to use and emphasises the role of the pharmacist."

Give a specific example where your Healthpoint helped you with a patient?

"Showing the topic on cold sores – the picture graphically shows what a cold sore is and how a pharmacist can treat it."

What are the major challenges in community pharmacy today?

"Exploiting the opportunities inherent in the new contract. Plus getting a profession with disparate aims to act cohesively."

What do you think of the pharmacy contract?

"I support the principle involved and the upgrade in skill required for the new services. It will cement us firmly in as part of the primary care team. However, I would like more relevant services introduced that couple to our strengths."



How will Healthpoint help you meet the challenge of the contract?

"Accessibility of information for the public, its ease of use, the signposting and the lifestyle advice it gives. Plus Healthpoint is written from the aspect on how a pharmacist can help the patient."

What is the thing you would most want as a community pharmacist that would expand your role and please explain?

"A greater recognition from other healthcare professionals as well as the public for the role we perform. The opportunity if the cash becomes available to really demonstrate what pharmacists can do for both patients and the NHS."

What will your job role as a community pharmacist be in 5 years time?

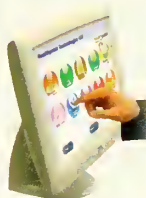
"The job will develop more professionally and will become more challenging. Less time in the dispensary and much more shop front orientated."

What do you like about being a pharmacist?

"The patient contact, the making a difference and the respect you get for that."

If you have any questions or would like a FREE demonstration of the Healthpoint system, then please call:

020 8906 6629



healthpoint
TECHNOLOGIES

www.healthpoint-europe.com

Healthpoint will be exhibiting on stand number E14 at The Pharmacy Show, at the NEC, Birmingham. 14/15 October.





0207 921 8123

Booking and copy date
12 noon Monday prior
to Saturday publication subject
to availability

Contact:

Chris Docwra
Chemist + Druggist (Classified),
CMP Information Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8123
: 0207 921 8130

www.dotpharmacy.com
c&dsales@cmpi.biz

Technician

Hawkesley Square, Kings Norton BIRMINGHAM

Busy independent family run pharmacy require a motivated qualified **TECHNICIAN** to join the dispensary team.

- Full-time preferred (part-time considered)
- Modern spacious dispensary
- Good rate of pay
- Further training opportunities

Contact Mrs Sheila Richardson Tel: 0121 770 3196 daytime
Email: wmbrown.ho@intrapharm.com
or write: c/o Dovehouse Pharmacy, Dovehouse Parade,
351 Warwick Rd, Solihull, B91 1BQ

PHARMACY CHECKING TECHNICIAN

Required for specialist international medical supplier in East London. We are looking for a talented individual interested in developing a business orientated career to join our expanding team. Applicants must be ambitious, motivated, with good communication skills and a willingness to learn, adapt and multi-task.

Very competitive salary and prospects for the right candidate

Please e-mail CV with covering letter to:
sales@le-west.co.uk
Or post to: L.E. West Ltd, The IO Centre, 59-71 River
Road, Barking, London IG11 0DR

Dispenser

FULL TIME DISPENSER & COUNTER ASSISTANTS REQUIRED

For our branch in Watford/Northwood. Applicants must be motivated, reliable and with good communication skills.

Call 07894 718106 or 020 8428 6806

FULL TIME DISPENSER REQUIRED

Croydon

Join our friendly dispensary team.

Call Nilesh on 07988 588598

Buyer

European PI Buyer NORTH WEST LONDON

**based wholesaler is looking for a full-time
European Buyer**

As a senior buyer you will:

- have experience of the PI market in the UK and Europe
- have strong relationship building and negotiation skills
- be able to work with other senior members of the company
- Knowledge of a second European Language would be preferable but not necessary
- Excellent remuneration package with opportunities of a career progression in a dynamic and ambitious company

To register your interest please send your CV to:

**Box No. 2, Chris Docwra, C+D Recruitment,
1st Floor Ludgate House, 245 Blackfriars Road,
London SE1 9UY**

Dispenser

DISPENSER REQUIRED

**Rayleigh – Essex
SS6 7JF**

Qualified to NVQ2 or NVQ3

A busy pharmacy attached to a 10 doctor practice is looking for a highly motivated individual. You will be involved in a wide range of duties in the day-to-day operation of the pharmacy. Applicants must be ambitious, motivated, with good communication skills and a willingness to learn, adapt, multi-task and be a team player.

Please e-mail CV with covering letter to:
audleymills@btconnect.com

or post to: **AUDLEY MILLS PHARMACY
55 Eastwood Road, Rayleigh, Essex, SS6 5JF**

Export Executive



PHARMACEUTICAL EXPORT DEPARTMENT

Requires export executive or trainee to shortly replace existing person, who will be retiring. Training will be given, where necessary. General pharmaceutical and computer experience essential for this interesting and challenging position. Salary according to experience.

Contact: Philip Chapper and Co Ltd, Unit 1, Orbital 25 Business Park,
Tollpits Lane, Watford, WD18 9DA

Tel: 01923 235179 Fax: 01923 242 278 Email: philip@philipchapper.com

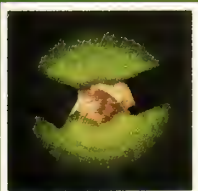
Classified

Business Wanted

Do you ever wonder what your business is worth?

Professional business valuations
offered free of charge.

Tel: 0789 423 4873
E Mail: david@davidparkerconsulting.co.uk
Web: www.davidparkerconsulting.co.uk



If you are contemplating selling your business, call us today for a no-obligation discussion on how we can get the best deal for you

David Parker Consulting Ltd

The acquisitions market is extremely buoyant at the moment. We have a large register of buyers very keen to acquire in all areas, but particularly within M25

PHARMACY BUSINESS TRANSFER LIMITED

WE URGENTLY REQUIRE QUALITY PHARMACIES FOR APPLICANTS WITH FUNDING AGREED IN SOUTH WALES, GLOUCESTERSHIRE, WILTSHIRE, SOMERSET, OXFORDSHIRE, BERKSHIRE, AND LONDON.

WE ALSO REQUIRE HEALTH CENTRE PHARMACIES ANYWHERE IN THE COUNTRY.

CONTACT DENIS O'LEARY on
01206 323808 or Mobile 07920 476222
email denis.oleary@pharmacybusinessstransfer.co.uk
for a confidential discussion.

Is it time you reviewed your loan guarantee arrangements?

Tel: 01928 750648

PHOENIX

Think

**To advertise email
c&dsales@cmpi.biz**

Classified

Business Wanted



Adam Myers

For all your healthcare needs

A small group looking to acquire shops in the Midlands, covering Gloucestershire, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire and surrounding areas.
All turnovers considered, all information treated with strictest confidence and a high premium paid.
For a quick decision please contact Mr Bhandal on 07710 574890
E-mail: csb@adammyers.co.uk



**MANOR
PHARMACY**



Pharmacy Group looking to expand and acquire shops in the North-West & North/West Yorkshire areas.

All turnovers/ size of group considered.

High Premium Paid. All information will be treated with the strictest confidence.

Please contact Mohamed on 07958 428754 or
Talha Patel on 07841 328394



COHENS CHEMIST GROUP



Pharmacy chain looking to expand in the North-West & West Yorkshire areas.

Best prices paid, all turnovers/size of groups considered.
please contact Colin Counce on 07966 524162 or
Yakub Patel on 07930 577799.

Business For Sale

HUTCHINGS PHARMACIES SALES

Bedfordshire:	T/O C:	£ 2,000,000
Shropshire:	T/O C:	£ 960,000
Liverpool:	T/O C:	£ 920,000
Dorset:	T/O C:	£ 730,000
Scottish Borders:	T/O C:	£ 630,000
S.Devon Coast	T/O C:	£ 580,000
Kent	T/O C:	£ 520,000
N. London	T/O C:	£ 460,000

If you are ready to SELL we have purchasers throughout the UK willing to pay top prices for Pharmacies.

Our priority is to obtain the best price whilst maintaining your confidentiality.

*If you are thinking of SELLING your Pharmacy,
Contact us now for a FREE valuation.*

Please call Scott or Linda TODAY for further details.

01494 722224

email: info@hutchingsandco.com
www.hutchings-pharmacy-sales.com



Hutchings Consultants Ltd

"We are the only
NPA approved supplier
for selling your
pharmacy"

NPA
National Pharmacy
Association
Approved Supplier

Products & Services



DO NOT MISS THIS OPPORTUNITY TO PROFIT BY £1000.00

(offer ends 31 August 2007)

◆ **New members** joining CAMRx in August will qualify for **£1000.00 free generic stock** at DTF value

Plus

Obtain up to **11.5% discount** on your **eligible medical purchase**

◆ Have benefit of **fully subsidised** computer hardware, monthly software, installation and training package **worth £4,400.00**

◆ Gain benefit **of share of profits** without having to invest **your own money** in a **share purchase scheme**

For further details contact CAMRx Customer Services on 01530 510520 quoting reference **CDAUG**

5 Reasons why Pharmacists Wanting to Grow their Business should Use Pharmacy Partners

Easy access to working capital without any strings attached is what anyone wanting to grow their business wants. Pharmacy Partners' Immediate Payment Service gives you just that.

So, if you are a pharmacist wanting to grow your business, here are 5 compelling reasons why you should seriously consider using our Immediate Payment Service.

1. Immediate Cash Injection - Immediately you start using the service you get a lump sum that was permanently trapped in the PPD cycle. This is in the region of 10% of your annual PPD turnover. You get this cash injection without having to find any new money. Now you can invest in growing your business, whether it is a re-fit, consultation rooms, new services or even new staff.

2. Predictable Working Capital - No money ever builds up in the PPD cycle again as we will pay you each day for your dispensing. Many clients have told us this gives them more bargaining power and they benefit from spot purchases or have negotiated better discounts from wholesalers.

3. No Borrowing - There is no borrowing because we simply release your money without the disadvantages associated with loans and overdrafts. You have peace of mind knowing that you haven't had to provide a personal guarantee or debenture

that puts your business or home at risk.

4. Value for Money Service - We have a very simple "discount" which we deduct from each payment in the same way as when your customers pay you by credit card. We have many happy clients who are delighted with our service and would never consider leaving. They know that the benefits they get exceed the cost and recognise that means great value for money.

5. Benefits Now, Benefits Later - By using this "lazy money" that was caught up in the PPD cycle and not earning any return, you can now get a double benefit: - increase your profits now PLUS increase the goodwill value of your business when you sell it.

FREE GUIDE

What is more, we will send you our free Guide to Understanding Your FP34 to everyone who replies.

If you want to find out more about growing your business without having to borrow or withdraw money from the bank, please call us on free on **0800 144 5524** or fax us on **020 8747 4204** with your name, pharmacy name and telephone number and we will be in touch.

Lec



**Pharmacy Refrigerators
at great prices with
FREE UK delivery!***

Affinity
APPLIANCES

For prices and information
contact us on **01477 537455**
www.affinityappliances.com

*some outlying areas are subject to a delivery charge

We are seeking a main distributor or 2 agents to sell reading glasses and sunglasses across the UK.

We have been established since 1978.

If interested contact Julian on 0207 837 7420
or fax 0207 837 1657

Plastic Bottles with tops - Suitable for Toiletries

Size 200ml - straight sides oval shape. Very dark green (nearly black)

40,000 plus available but can sell in lots of 1000 or 5000

Price \$170 per 1000, \$800 per 5000, or offer for whole lot.

Delivery charge will depend where delivered to.

Contact John Herschel at Stonelake Ltd - Guernsey

Tel: 01481 720053 Fax: 01481 713808

Email: hersch@guernsey.net



A NEW PROFIT OPPORTUNITY Veterinary Medicines in Pharmacy

- New fast growing revenue stream
- Recommended starter pack
- Top selling veterinary products
- Includes wormers and flea treatments
- Full back up and p.o.s. support

EVS DIRECT

Call Diane or Tina on **01926 461 622**
sales@evsdirect.co.uk

Call Chris on 020 7921 8123
or fax 020 7921 8130

Shopfitting

RAPEED group

...the total shop-fitting solution

RAPEED design
shopfittersphone: 0800 9700 102
www.rapeed.co.uk

Tax Consultants & Accountants

WE ARE HAPPY TO WORK WITH
YOUR EXISTING ACCOUNTANT

Many pharmacists come to us purely for our tax consultancy services, whilst retaining their existing accountant to prepare their annual accounts etc.

This can be an ideal situation if you are happy with the accounts work your accountant does but he is not a tax expert. Instead of losing out on large tax savings let us work alongside your accountant.

Call Anne today for an informal chat about how it works.

Tel: 01494 722224

h Co.

Hutchings & Co.

**The Leading Tax Consultants
for Pharmacists.**

www.pharmacyexperts.com

Tax Consultants & Accountants

**WE GIVE OUR CLIENTS
A TASTE OF THEIR
OWN MEDICINE...
PROFESSIONAL ADVICE
AND GREAT SERVICE!**



EXPERT ADVICE

- Specialists in retail pharmacies – we understand the industry dynamics that shape your business
- Regulated for both accountancy services and tax advice – check if your accountant is
- Highly trained and knowledgeable team

GREAT SERVICE GUARANTEED

“Their knowledge of the pharmacy business and its peculiarities gives them an advantage over other accountancy firms, and my only regret is that I waited so long before changing to Modiplus. Nothing is too much trouble—all phone calls are answered promptly, and calls returned when required. Every time I have phoned with a question, however trivial or important, it has been dealt with professionally and courteously.”

R LIGHTSTONE, LONDON

For more information or for a **FREE** consultation please call Umesh or Jay:

LONDON: Umesh 020 7383 3200

MANCHESTER: Jay 0161 980 0770

www.modiplus.co.uk

Member of Silver Levene Group

**THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS
AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES**



modiplus 
ADDING VALUE

From: **Hawkeye on the web**
 Date: **Sat 18.08.07**
 Subject: **Online learning**



The ability to do a course online and know your result immediately has certainly caught on in the good ol' USA and the UK as ever appears to be following suit

The internet possesses all sorts of wonderful features that are accessible instantly – it is the perfect medium for the immediate (or 'I-want-it-now') age.

You want to know what a currency conversion is – set up your own iGoogle page and add it as a feature. You've got a desperate need to know the weather for the week, try weather.co.uk or bbc.co.uk.

More relevant to pharmacy, though, is online education. The ability to do a course online and know your result immediately has certainly caught on in the good ol' USA and the UK, as ever, appears to be following suit.

There's plenty the UK can learn from its cousins across the pond. Why reinvent the wheel? This is exactly what has happened with the launch of MethGuard UK. US company LearnSomething has experience in developing and hosting online training courses for pharmacy staff and has now brought it's expertise to the UK.

It has teamed up with the Company Chemists' Association and the Association of Independent Multiple pharmacies to offer a UK version of its MethGuard course, which trains pharmacy staff on methamphetamine and safe selling of

pseudoephedrine products. From Monday, you can access the course through the C+D website at www.dotpharmacy.com/stoptheswitch.

Other pharmacy courses are also available online, but are primarily concerned with pharmacists and not pharmacy staff. The College for Postgraduate Pharmacy Education www.cppe.org.uk recently courted controversy with its decision to produce an online-only course on pharmacogenetics within its 2007-08 prospectus. Universities such as the School of Pharmacy at Bath www.bath.ac.uk run virtual learning environments such as Moodle, where students (in Bath's case, pharmacists doing further education such as prescribing qualifications) can ask each other questions, download material, discuss problems etc.

But you don't need to be seated at a computer for the whole time to do your CPD. Pharmacy schools in the USA are producing podcasts of their CPD courses, which are free for anyone to download from iTunes www.apple.com/uk/iTunes/ and are accompanied by PDFs of reading material and test your knowledge questions.

Fiona Salvage, deputy editor

Email fsalvage@cmpmedica.com

... what's new on the C+D website ...

Free email news

Get the top pharmacy stories before they appear in print by signing up to C+D's free email newsletter service at www.dotpharmacy.com/newsbulletins

If you sign up during August you will be entered into a free prize draw to win £200 in **John Lewis vouchers** so log on now to be in with a chance!



Look out for MethGuard

On the C+D website this month we will be launching the MethGuard training course. Four months after C+D launched its Stop the Switch campaign, we've teamed up with US education company LearnSomething to bring you an online training course for pharmacy staff.

Backed by the CCA, AIMp and the PAGB, the course is intended to train up pharmacy staff in advance of the MHRA's decision on pseudoephedrine products potentially being switched from P to POM status, therefore proving pharmacy's commitment to safe sales of the product.

For more information on the Stop the Switch campaign, and to follow the link for the course (which goes live on August 20) visit www.dotpharmacy.com/stoptheswitch



The most read stories in the latest C+D newsletter



- 1 Online fee protest by 8,600 falls on deaf ears
- 2 Wholesalers predict distribution changes may affect new business
- 3 Profit growth slows at Celesio
- 4 Chlamydia drug switch gains backing
- 5 Brighton is best for students on a budget

www.dotpharmacy.com/newsbulletins

the pharmacy show 2007

make a stand for pharmacy



Leading Media Partner

the **nec**
birmingham

The largest event in Europe for retail pharmacy



Andrew Lansley will speak at the Pharmacy Show as part of the free accredited seminar program

- Free accredited seminars
- 300+ Exhibitors
- Free to attend

Free Next of Kin stock item worth **£12.95**
for the first 1,000 independent pharmacies to
register online at www.thepharmacyshow.co.uk



14th - 15th October 2007

www.thepharmacyshow.co.uk



Have your say in recognising excellence nominate
now for the Pharma's for Pharmacy Awards at
www.pharmawards.co.uk

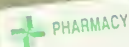
pioneer **shows**

Another major event from
Pioneer Shows Ltd

With many show only offers from exhibitors, you can't afford to miss

Pharmacy Show 2007

TO EXHIBIT, CALL 01926 485151



I CAN HELP SAVE
SMOKERS' LIVES...

**...And whilst they quit,
they can keep their weight under control**
5 out of 10 smokers remained quit at 4 weeks with NiQuitin cq® 4mg
Lozenge.[†] NiQuitin cq® 4mg Lozenge can significantly reduce the weight
gain associated with the first few months of quitting.[†]

**Help your customers
quit with NiQuitin**



NiQuitin CQ 2mg/4mg Lozenge and Mint Lozenge (nicotine). See SPC for full information.
For relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** Adults: 4mg if smoke
within 30 minutes of waking, 2mg if longer. Weeks 1 to 6; 1 lozenge every 1 to 2 hours (min. 9 max.
15/day), weeks 7 to 9; 1 lozenge every 2 to 4 hours, weeks 10 to 12; 1 lozenge every 4 to 8 hours.
Weeks 13-24, 1 to 2 lozenges per day only when strongly tempted to smoke. **Contraindications/
precautions:** Hypersensitivity, cardiovascular disease, urticaria, severe renal/hepatic impairment,
phaeochromocytoma, hyperthyroidism, diabetes, phenylketonuria, low sodium diet. Swallowed
nicotine may exacerbate oesophagitis, gastric/peptic ulcer. **Side effects:** Depression, irritability,
anxiety, insomnia, headache, dizziness, cough, cold. Nausea, hiccup, flatulence, GI disturbance,
apocrine change, oral irritation/ulceration, nightmares, restlessness, mood change, pharyngitis, thirst,

taste/sensory disturbance, dyspnoea, respiratory disorders, rashes, itching, sweating, numbness,
flushes, vascular disorders, halitosis, chest pain, throat swelling, leg oedema, pain, malaise,
wakefulness, palpitations, tachycardia, tooth/jaw ache, nocturia. See SPC for full details. **Pregnancy/
lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary.
[GSL] PL 00079/0369, 0370, 0373 & 0374. PL holder:
GlaxoSmithKline Consumer Healthcare, Brentford,
TW8 9GS, U.K. **Pack size and RSP:** 36's £8.99,
72's £17.49. **Date of revision:** December 2005.
Reference: 1. Shiffman S et al. Arch Intern Med
2002; 162: 1267-1276.



GlaxoSmithKline
Consumer Healthcare